GOV DOC
[redacted]
[redacted]

GOV DOC

№ ________________

THE TRUSTEES OF THE PUBLIC LIBRARY
OMNIVM LVX CIVIVM
OF THE CITY OF BOSTON
1852 1878

U. S. SUPT. OF DOCUMENTS

4331.3a10

JANUARY • FEBRUARY 1968

children

Social Services and Community Change

The Case for the Neighborhood Worker

Adoption for the Mentally Retarded

Counseling Adolescent Foster Children

INDEXES • VOLUME XV, 1968

children

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL AND REHABILITATION SERVICE • **Children's Bureau**

Boston Public Library
Superintendent of Documents

MAY 19 1969

DEPOSITORY

9331. 3a 10
Vol. 15
1968

29 May, 1970
Gov. Docs

AUTHORS

Abels, Sonia Leib, and Richman, Leon H.:
  Case Conference on the Neighborhood Subprofessional Worker. II. Comments, Jan.–Feb., 12.

Antisdel, Arthur E., and Zweig, Franklin M.:
  Children, Civil Liberties, and Community Policy Change, Jan.–Feb., 2.

Bank-Mikkelsen, N. E.:
  Services for Mentally Retarded Children in Denmark, Sept.–Oct., 198.

Bartlett, Robert M., and Skjoiten, Mae:
  Student Volunteers as Group Leaders in Elementary Schools, Nov.–Dec., 225.

Boverman, Harold, and Watson, Kenneth W.:
  Preadolescent Foster Children in Group Discussions, Mar.–Apr., 65.

Brown, Howard G.:
  Juvenile Courts and the Gault Decision: I. Background and Promise, May–June, 86.

Brown, Saul L.:
  Coordinating Professional Efforts for Children With School Problems, Nov.–Dec., 214.

Burgess, Linda C.:
  The Unmarried Father in Adoption Planning, Mar.–Apr., 71.

Carter, Woodrow W.:
  Group Counseling for Adolescent Foster Children, Jan.–Feb., 22.

Class, Norris E.:
  Licensing for Child Care—A Preventive Welfare Service, Sept.–Oct., 188.

Cohen, A. Alfred, and Cohen, Syra R.:
  Programs for Delinquent Boys in Three East European Countries, July–Aug., 158.

Cohen, Syra R., and Cohen, A. Alfred:
  Programs for Delinquent Boys in Three East European Countries, July–Aug., 158.

Cohen, Wilbur J.:
  The Developmental Approach to Social Challenges, Nov.–Dec., 210.

Dillow, Louise B.:
  The Group Process in Adoptive Homefinding, July–Aug., 153.

Dixon, Donald R., and Rowley, Carl M.:
  Public Information Panels As Therapy for Disturbed Young Patients, May–June, 111.

Dooley, Samuel; Wallace, Helen M.; Eisner, Victor; Fraser, Constance:
  A Career Development Program in Maternal and Child Health, July–Aug., 144.

Downs, William T.:
  Juvenile Courts and the Gault Decision: II. An Invitation to Innovation, May–June, 90.

Dybwad, Gunnar:
  Who Are the Mentally Retarded? Mar.–Apr., 43.

Edwards, Elva:
  Family Day Care in a Community Action Program, Mar.–Apr., 55.

Eisenstein, Fannie P., and Eisenstein, Morris L.:
  Testing a Value System in a Neighborhood Crisis, Mar.–Apr., 49.

Eisenstein, Morris L., and Eisenstein, Fannie P.:
  Testing a Value System in a Neighborhood Crisis, Mar.–Apr., 49.

Eisner, Victor; Wallace, Helen M.; Dooley, Samuel; Fraser, Constance:
  A Career Development Program in Maternal and Child Health, July–Aug., 144.

Everett, Samella B.:
  A Hospital Social Worker in a Maternity and Infant Care Project, Nov.–Dec., 231.

Farmer, James:
  "To Redress the Balance . . . " Is Violence Necessary? Mar.–Apr., 75.

Fraser, Constance; Wallace, Helen M.; Dooley, Samuel; Eisner, Victor:
  A Career Development Program in Maternal and Child Health, July–Aug., 144.

Fuschillo, Jean C.:
  Enriching the Preschool Experience of Children From Age 3: II. The Evaluation, July–Aug., 140.

Gallagher, Ursula M.:
  The Adoption of Mentally Retarded Children, Jan.–Feb., 17.

Garrett, Beatrice L.:
  Foster Care for Children, Jan.–Feb., 32.

Glickman, Esther:
  Professional Social Work With Headstart Mothers, Mar.–Apr., 59.

Hales-Tooke, Ann:
  Improving Hospital Care for Children, May–June, 116.

Hawkins, Arthur; Specht, Harry; McGee, Floyd:
  Case Conference on the Neighborhood Subprofessional Worker: I. Excerpts from the Casebooks of Subprofessional Workers, Jan.–Feb., 7.

Herzog, Elizabeth, and Sudia, Cecelia E.:
  Fatherless Homes—A Review o Research, Sept.–Oct., 177.

Howard, Marion:
  Comprehensive Service Program for School-Age Pregnant Girls Sept.–Oct., 193.

ohnson, Betty, and Morse, Harold A.:
Injured Children and Their Parents, July–Aug., 147.

ittrell, Flemmie P.:
Enriching the Preschool Experience of Children From Age 3: I. The Program, July–Aug., 135.

nox, Laura L., and McConnell, Freeman:
Helping Parents to Help Deaf Infants, Sept.–Oct., 183.

rown, Sylvia:
Preschool Programs for Disadvantaged Children, Nov.–Dec., 236.

evine, Andrea:
My Experience As a Junior Volunteer, May–June, 109.

evine, Beatrice:
Readying Retarded Adolescents for Work Through Volunteer Service, July–Aug., 130.

cConnell, Freeman, and Knox, Laura L.:
Helping Parents To Help Deaf Infants, Sept.–Oct., 183.

cGee, Floyd; Hawkins, Arthur; Specht, Harry:
Case Conference on the Neighborhood Subprofessional Worker: I. Excerpts from the Casebooks of Subprofessional Workers, Jan.–Feb., 7.

eier, John:
A Kaleidoscopic Look at Disadvantaged Children, July–Aug., 161.

Meyer, Carol H.:
Case Conference on the Neighborhood Subprofessional Worker: II. Comments, Jan.–Feb., 12.

Morse, Harold A., and Johnson, Betty:
Injured Children and Their Parents, July–Aug., 147.

Moss, Sidney Z.:
Integration of the Family into the Child Placement Process, Nov.–Dec., 219.

Murphy, Lois Barclay:
The Consultant in a Day-Care Center for Deprived Children, May–June, 97.

Perlman, Helen Harris:
Case Conference on the Neighborhood Subprofessional Worker: II. Comments, Jan.–Feb., 12.

Polansky, Norman A.:
Myth and Manner in Treating the Disorganized Family, Sept.–Oct., 201.

Radin, Norma:
Some Impediments to the Education of Disadvantaged Children, Sept.–Oct., 170.

Reistroffer, Mary:
A University Extension Course for Foster Parents, Jan.–Feb., 28.

Richards, Catherine V.:
New Perspectives on Youth, Nov.–Dec., 240.

Richman, Leon H., and Abels, Sonia Leib:
Case Conference on the Neighborhood Subprofessional Worker: II. Comments, Jan.–Feb., 12.

Rowley, Carl M., and Dixon, Donald R.:
Public Information Panels As Therapy for Disturbed Young Patients, May–June, 111.

Skjoiten, Mae, and Bartlett, Robert M.:
Student Volunteers as Group Leaders in Elementary Schools, Nov.–Dec., 225.

Specht, Harry; McGee, Floyd; Hawkins, Arthur:
Case Conference on the Neighborhood Subprofessional Worker: I. Excerpts from the Casebooks of Subprofessional Workers, Jan.–Feb., 7.

Sudia, Cecelia E., and Herzog, Elizabeth:
Fatherless Homes—A Review of Research, Sept.–Oct., 177.

Tangedahl, T. N.:
Area Social Service Centers, May–June, 103.

Wallace, Helen M.; Dooley, Samuel; Eisner, Victor; Fraser, Constance:
A Career Development Program in Maternal and Child Health, July–Aug., 144.

Watson, Kenneth W., and Boverman, Harold:
Preadolescent Foster Children in Group Discussions, Mar.–Apr., 65.

Zweig, Franklin M., and Antisdel, Arthur E.:
Children, Civil Liberties, and Community Policy Change, Jan.–Feb., 2.

SUBJECTS

daption:

he Adoption of Mentally Retarded Children, Ursula M. Gallagher, Jan.–Feb., 17.

he Group Process in Adoptive Homefinding, Louise B. Dillow, July–Aug., 153.

Child Abuse:

Injured Children and Their Parents, Betty Johnson and Harold A. Morse, July–Aug., 147.

The Disadvantaged:

A Kaleidoscopic Look at Disadvantaged Children, John Meier, July–Aug., 161.

Myth and Manner in Treating the Disorganized Family, Norman A. Polansky, Sept.–Oct., 201.

Some Impediments to the Education of Disadvantaged Children, Norma Radin, Sept.–Oct., 170.

Family Day Care:

Family Day Care in a Community Action Program, Elva Edwards, Mar.–Apr., 55.

Fatherless Homes:

Fatherless Homes—A Review of Research, Elizabeth Herzog and Cecelia E. Sudia, Sept.–Oct., 177.

Foster Care:

Coordinating Professional Efforts for Children With School Problems, Saul L. Brown, Nov.–Dec., 214.

Foster Care for Children, Beatrice L. Garrett, Jan.–Feb., 32.

Group Counseling for Adolescent Foster Children, Woodrow W. Carter, Jan.–Feb., 22.

Integration of the Family into the Child Placement Process, Sidney Z. Moss, Nov.–Dec., 219.

Licensing for Child Care—A Preventive Welfare Service, Norris E., Class, Sept.–Oct., 188.

Preadolescent Foster Children in Group Discussions, Kenneth M. Watson and Harold Boverman, Mar.–Apr., 65.

A University Extension Course for Foster Parents, Mary Reistroffer, Jan.–Feb., 28.

Handicapped Children:

Helping Parents to Help Deaf Infants, Laura L. Knox and Freeman McConnell, Sept.–Oct., 183.

Improving Hospital Care for Children, Ann Hales-Tooke, May–June, 116.

Public Information Panels as Therapy for Disturbed Young Patients, Donald R. Dixon and Carl M. Rowley, May–June, 111.

Juvenile Delinquency:

Juvenile Courts and the Gault Decision: I. Background and Promise, Howard G. Brown, May–June, 86.

Juvenile Courts and the Gault Decision: II. An Invitation to Innovation, William T. Downs, May–June, 90.

Programs for Delinquent Boys in Three East European Countries, A. Alfred Cohen and Syra R. Cohen, July–Aug., 158.

"To Redress the Balance . . ." Is Violence Necessary? James Farmer, Mar.–Apr., 75.

Maternal and Child Health:

A Career Development Program in Maternal and Child Health, Helen M. Wallace, Samuel Dooley, Victor Eisner, and Constance Fraser, July–Aug., 144.

A Hospital Social Worker in a Maternity and Infant Care Project, Samella B. Everett, Nov.–Dec., 231.

Mental Retardation:

Readying Retarded Adolescents for Work Through Volunteer Service, Beatrice Levine, July–Aug., 130.

Services for Mentally Retarded Children in Denmark, N. E. Bank-Mikkelsen, Sept.–Oct., 198.

Who Are The Mentally Retarded? Gunnar Dybwad, Mar.–Apr., 43.

Neighborhood Workers:

Case Conference on the Neighborhood Subprofessional Worker: I. Excerpts from the Casebooks of Subprofessional Workers, Harry Specht, Floyd McGee, and Arthur Hawkins, Jan.–Feb., 7.

Case Conference on the Neighborhood Subprofessional Worker: II. Comments, Helen Harris Perlman, Carol H. Meyer, and Sonia Leib Abels and Leon H. Richman, Jan.–Feb., 12.

Preschool Programs:

The Consultant in a Day-Care Center for Deprived Children, Lois Barclay Murphy, May–June, 97.

Enriching the Preschool Experience o Children From Age 3: I. The Program, Flemmie P. Kittrell, July–Aug., 135.

Enriching the Preschool Experience o Children From Age 3: II. The Evaluation, Jean C. Fuschillo, July–Aug., 140.

Preschool Programs for Disadvantage Children, Sylvia Krown, Nov.–Dec. 236.

Professional Social Work With Headstart Mothers, Esther Glickman Mar.–Apr., 59.

Social Policy:

Area Social Service Centers, T. N Tangedahl, May–June, 103.

Children, Civil Liberties, and Community Policy Change, Franklin M Zweig and Arthur Antisdel, Jan.–Feb., 2.

The Developmental Approach to Social Challenges, Wilbur J. Cohen, Nov.–Dec., 210.

Unmarried Parents:

Comprehensive Service Programs fo School-Age Pregnant Girls, Mario Howard, Sept.–Oct., 193.

The Unmarried Father in Adoptio Planning, Linda C. Burgess, Mar.–Apr., 71.

Volunteers:

My Experience as a Junior Volunteer Andrea Levine, May–June, 109.

Student Volunteers as Group Leaders in Elementary Schools, Mae Skjoiten and Robert Bartlett, Nov.–Dec., 225.

Youth:

New Perspectives on Youth, Catherin V. Richards, Nov.–Dec., 240.

Testing a Value System in a Neighborhood Crisis, Fannie P. Eisenstei and Morris L. Eisenstein, Mar.–Apr., 49.

For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402. Price 25 cents (single copy)
Subscription Price: $1.25 a year; 50 cents additional for foreign mailing. Index, this issue, 10 cents.

U.S. GOVERNMENT PRINTING OFFICE: 1969 O—331–993

VOLUME 15 • NUMBER 1 • JANUARY–FEBRUARY 1968

children

AN INTERDISCIPLINARY JOURNAL FOR THE PROFESSIONS SERVING CHILDREN

Children, Civil Liberties, and Community Policy Change 2
Franklin M. Zweig and Arthur E. Antisdel

Case Conference on the Neighborhood Subprofessional Worker

I. Excerpts from the Casebooks of Subprofessional Workers 7
Harry Specht, Arthur Hawkins, and Floyd McGee

II. Comments 12
Helen Harris Perlman, Carol H. Meyer, and Sonia Leib Abels and Leon H. Richman

The Adoption of Mentally Retarded Children . . . 17
Ursula M. Gallagher

Group Counseling for Adolescent Foster Children . . 22
Woodrow W. Carter

A University Extension Course for Foster Parents . 28
Mary Reistroffer

Foster Care for Children 32
Beatrice L. Garrett

book notes 34
here and there 36
readers' exchange 40

child's ability to love and to
nspire love in others is not
ound to his ability to think.
Varm, understanding couples
vho adopt mildly mentally re-
arded children can help them
row into happy, productive
dults. (See pp. 17–21 for a dis-
ussion of adoption for retarded
hildren.)

children

National Advisers to CHILDREN

William E. Brown, *dentistry*
Alex Elson, *law*
Patricia G. Morisey, *social work*
Edwin M. Gold, *obstetrics*
Herman R. Goldberg, *education*
Beatrice Goodwin, *nursing*
Dale B. Harris, *psychology*
Robert J. Havighurst, *youth development*
Robert B. Kugel, *pediatrics*
Hylan Lewis, *sociology*
Winford Oliphant, *child welfare*
Milton G. Rector, *corrections*
R. Gerald Rice, *maternal and child health*
Albert J. Solnit, *psychiatry*
Franklin M. Zweig, *community planning*

Children's Bureau Staff Advisers

Hester B. Curtis, *chairman*
Division of International Cooperation

Grace M. Angle
Office of the Chief

Dorothy E. Bradbury
Division of Reports

Kenneth S. Carpenter
Division of Juvenile Delinquency Service

Hyman Goldstein
Division of Research

Jane S. Lin-Fu
Division of Health Services

Will Wolstein
Division of Social Services

Editorial Staff

Kathryn Close, *Editor*
Catherine P. Williams, *Associate Editor*
Mary E. Robinson, Willamena Samuels, *Assistants*

FRANKLIN M. ZWEIG

ARTHUR E. ANTISDEL

Planning for the needs of people has becom
a necessity in today's complex society. Tecl
nological advances, population growth, an
other forces bringing rapid social change make tl
policies governing our economy, political proces
and physical development obsolete and create a d
mand for quick, rational policy modification. This
as true in the field of social services for children
in others.

Efforts to plan ways to meet children's needs ha
increased at the community, State, and nation
levels. However, many observers of the plannin
process maintain that a chasm exists between wh
is being done to change policy governing services f
children and children's real problems. They poi
out that policy change is often a haphazard proce
engaged in by those who produce service withou
resort to standard indicators of need or, often, tl
involvement of the consumers.[1, 2] Sometimes, tl
process of planning turns into a process of mediatin
conflicts among service organizations and loses i
relation with the interests of those being served,[3]
an organization is so busy serving children it has
time for the planning that must go into polic
modification.

Clearly, we need an organization capable of pla
ning broad community policies based on the day-t
day problems of children. Such an organizatio
would have to be capable of translating these pro
lems into statements of general community conc
tions affecting children and, on the basis of the
statements, to formulate broad-scale designs for sol
ing problems. The designs, in turn, must be intr
duced to those who bring about change in the co
munity. Political, governmental, corporate, and et
nic groups must be stirred to act to turn designs in
reality.

The purpose of the organization would be to effe
change in community policy in its three aspects: a
ministrative regulation, legislation, and judicial

CHILDREN, CIVIL LIBERTIES, AND
COMMUNITY POLICY CHANGE

ew. Unfortunately, even if there were an adequate umber of such organizations, they would face this ecific problem: few professional persons in the field social services for children are trained to shape olicy.

aining for policy

Thus, at first sight a dilemma seems to exist: both e mechanism and the manpower for realistic policy-aking are needed at the same time, though each is ependent on the other for existence. Spurred by the allenge of this apparent dilemma, the Wayne State niversity School of Social Work conducted a brief arch about 3 years ago for an organization that ould try out a sociolegal approach to policy change d at the same time serve as a fieldwork training lacement for social work students in the school's mmunity social work sequence. The Metropolin Detroit branch of the American Civil Liberties nion (ACLU) of Michigan agreed to serve as the ganization.

The Detroit branch of the ACLU has a distinuished record of seeking justice through the courts r persons whose civil liberties have been violated. he school thought that the organization, with its nphasis on helping persons individually and on procting the civil liberties of children, would provide good climate for experimentation and training. oreover, the organization seemed ideal for buildg a planning bridge between children's problems d community policy because of its strong tradion of legal intervention and because several memrs of its board and staff were interested in the posbilities of social intervention.

ACLU, in turn, was interested in the project beuse it would provide an opportunity to expose cial workers to legal people and processes and ight result in preparing social work staff members r civil liberties organizations.

In May 1965, the board of directors of ACLU authorized the establishment of a Children's Project to "undertake a comprehensive review and evaluation of (all) matters relating to the constitutional rights and liberties of children and juveniles." A project committee was appointed, which soon appointed four subcommittees to evaluate and study specific constitutional issues regarding children and to follow through on the findings. The issues the subcommittees were to study concerned the juvenile court, custody, schools, and agencies and institutions serving children. ACLU took this action before having official ties to the school of social work.

To make the training experiment it proposed an integral part of the Children's Project, the Wayne State University School of Social Work applied to the Federal Children's Bureau for a child welfare training grant. After receiving the grant in July 1966, the school assigned a fieldwork instructor, a full-time secretary, and four students from the community social work sequence to the project committee as a staff-in-training unit. The students spent three-fifths of their time in the project and two-fifths in class. Another student, supervised by the school faculty, had been placed with the subcommittee on schools the previous January in a "trial run" and had moved on to a second, different internship assignment by the time the training unit became operational.

Each social work student was assigned to a subcommittee of the project as a staff assistant. The faculty instructor coordinated the staff work and supervised the students.

At first, project organization dominated the training demonstration. Each student met with his subcommittee chairman, ACLU staff members, and key ACLU members. Subcommittee members were recruited from people representative of the community and from ACLU's general membership. From 20 to 25 persons were appointed to each subcommittee. Lawyers and people experienced in fields related to the subcommittee's work were obtained, for the most part, for each subcommittee. Sometimes a member of one subcommittee served temporarily on another because of particular knowledge or skill.

As soon as the subcommittees were formed, members and their student staff assistants moved into the substance of their respective subjects. Each subcommittee first acquainted itself with its purpose and goals, chose initial work areas, and made plans for the study and clarification of issues concerning civil liberties.

The problems of children were the medium through which each subcommittee became sensitive to community policy issues. The subcommittees became aware of these problems through community contacts and by studying grievances and informal complaints lodged with ACLU. For example, the subcommittee on custody invited several foster-care and adoption workers from local agencies to its meetings to discuss their programs. As a result, task groups within each subcommittee were formed to conduct research and to identify the issues of constitutional rights affecting children. In regard to grievances, each student staff assistant served as an intake worker. He interviewed parents and children; made preliminary psychosocial diagnoses; pinpointed the problems as presented by clients and the problems as they really were; determined what civil liberties had apparently been violated; prepared reports on cases for the subcommittee to review; counseled the family on its situation; and made referrals to other service agencies as warranted.

The translation of a grievance into a policy issue was demanding. After thoroughly investigating and analyzing a complaint or civil liberties issue, the student made a report to his subcommittee. If approved, his report was passed on to the project committee chairman for presentation to the ACLU board of directors. Each report contained descriptions of the problem, the constitutional rights involved, and the case and supportive materials and conclusions and recommendations.

Throughout this "translation" process, the student was responsible for facilitating the work of his task groups and subcommittee. By February 1967, each subcommittee had two or more task groups in operation. The subcommittee on agencies and institutions, for example, had one group investigating cases involving issues related to public low-income housing and another investigating charges of abuse at a public child-care institution. It was also concerned with civil liberties issues related to the services of welfa agencies and treatment facilities for mentally hand capped and emotionally disturbed children.

During their 3-day week fieldwork, the studen also helped organize and draft policy statements an helped promote close cooperation among other agen cies and organizations in the community: they a tended or participated in hearings, appeals, and pr ceedings relevant to their subcommittees and set u and kept resource files.

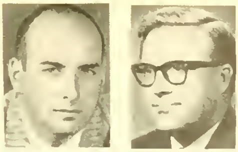
Examples of work

Examples graphically illustrating the work of t Children's Project are contained in the summaries cases that follow. Each case is presented witho analysis to provide as much of the background possible for the evaluation of the experience of th first year as described in our next section.

Administrative discrimination. The subcommitt on agencies and institutions became concerned abo the administrative practice of a public housing a thority that rejected some persons with illegitima children because, the agency told the applicants, pu lic housing was not available to persons with illegi-mate children under 5 years of age. The considerati of illegitimacy was a regular, though unwritten, pat of the agency's policy for selecting tenants. The Ch-dren's Project has intervened in several cases invo-ing this issue and has assisted public housing offici s in the reevaluation of procedures. The project s also assisted in setting up a board to hear the gri-ances of rejected applicants and ejected tenants.

The grievance filed by women seeking public ho-ing was processed by the student assistant for s subcommittee. A position paper was developed y the subcommittee, and negotiations between ACL and the housing authority's administrators ensu. The shift in policy regarding unwed mothers s started through the process of bridging the p between the individual situation and the policy isse. The work of the student moved the matter fm grievance to position to policy negotiation. He, the-fore, served as the problem-policy bridge.

Capricious administration in foster care. Becase there is a chronic shortage of foster homes uner the supervision of the juvenile court, most cots look to local private agencies to provide homes or and to supervise foster children. Though this pocy allows courts to expand their choice of placemets.



anklin M. Zweig, left, and -thur E. Antisdel are both the faculty of the Wayne ate University School of ocial Work. Mr. Zweig is an sociate professor and the airman of the school's com-unity social work sequence. r. Antisdel is an assistant professor and the fieldwork structor assigned to the Children's Project at the Detroit anch of the American Civil Liberties Union described here.

also compounds the problems of protecting the iterests of their wards.

A case that came to the attention of the subcommite on custody presented an outstanding example of buses that can have great effect on a child, though ommitted innocently by the supervising agency. In is case, a foster mother who had been caring for a ttle girl for about 5 years and who was obviously ond of the child reported that a worker from the upervising agency had removed the child without otice. The worker informed the foster mother that he girl was removed and placed in another foster ome because the agency had just found out that the hild's mother and the foster parents were not of the ame religion.

The student investigating the complaint concluded hat to destroy a sound relation that had been built ip over a 5-year period for this reason alone was not n the best interest of the child. With ACLU legal support, he convinced the juvenile court judge of he need to order the return of the child to the riginal foster home.

This case points up the wide latitude most agenies have in handling children placed with them. Of ourse, the issue in this case would have eventually een judicially reviewed, but by then the effect of a hange might have harmed the child.

Using this case as precedent, ACLU has now btained initial agreement from the juvenile court hat arbitrary changes are not to be abided. The ustody subcommittee is now seeking a working olicy for bench review as a protection against the ractice of precipitous placement change.

Legislative change. A case coming to the attention f the subcommittee on custody issues involved a rother and sister who had been embroiled in a custody dispute arising out of the divorce of their parents. When ACLU came into the case, the proeedings had been going on for 5 years and involved two judges. It became further tangled because of charges and countercharges from both parents. Although the father had won the case against his wife, she was awarded custody of both children. The son, however, by informal agreement between the parents had gone with his father. When the father attempted to obtain court approval of this change, the mother had objected and the custody fight had flared up anew. The question of representation for the boy was developed by ACLU to present to the court: Does the child whose parents are disputing his custody have a right to counsel or representation separate from that of his parents? An ACLU cooperating lawyer petitioned the court to let him represent the boy, and his petition was granted.

After considerable study, the subcommittee concluded that the laws under which the courts determine child custody provide no standards or guidelines to follow in making the determination and that there is no systematic way to end or cut the legal delays that can undermine the stability of the child. It found inadequacies in cases concerning an abandoned child, a child without parents, and a neglected or abused child. It also found that in making decisions the courts had emphasized the fitness of the parents more than the child's best interest. The subcommittee recommended that guidelines be drawn up to meet present and future needs. As ACLU found, under the laws in many States, before a judge can make a custody award to one person he must find the other person legally unfit.

The subcommittee on custody is continuing to work on producing a position statement that will clarify a complex problem and yet at the same time be useful for motivating legislative change.

The bridge's strength

ACLU's experience with the project so far has been encouraging. Combining a production of manpower with a test of the planning mechanism has proved practical. Specific gains have been made in several directions.

The Detroit ACLU has been an effective mechanism for translating problems into policy change. It is "cause oriented": that is, it is dedicated to preserving and promulgating the constitutional rights of children. It has strong internal unity. It has clear objectives and methods. It has great capacity for engaging in meaningful conflict. Moreover, it has accommodated itself well to the social interventions brought to it by the student training unit. These interventions—bargaining and negotiation, development of legislation, casework, consultation, program development—have been added to ACLU's traditional method of relying on judicial review. However, how much of this can be incorporated into future policy remains to be tested. And in what combinations social intervention and legal intervention should be joined in the planning process is still open to research, as is the question of whether other organizations can adopt this method of policy change. In short, the first year's experience with the change mechanism has presented positive methods that can be more specifically shaped with the application of new experience.

The project at the end of its first year has also shown that student practitioners can give service and can change policy at the same time. Frequently, service and policy are considered as opposite poles that draw supporters according to experience and ideology. But our experience proves that the service and policy aspects can nourish and reinforce each other and can enrich the career of the student. We also found that graduate students can work with community policy *without* shifting the focus of their efforts from children and their needs.

The bridge's weakness

The training experience uncovered some weak spots as well. These are not clearly delineated, but what we know of them suggests leads for future development.

The first of these is whether the experience in planning can be transferred to other settings. Students trained in an organization oriented to cause and sophisticated on policy may face problems in duplicating the employment situation in other organizations, or they may stimulate traditional organizations to expand their horizons. In any event, helping students acquire the ability to tolerate frustration without blunting talent and enthusiasm ranks high as a need in training.

The phenomenon of policy drift is another matter for concern. In services for children, administrative policy is set by both legislation and judicial review. But administrative policy as carried out is both formal and informal. Although efforts such as the Children's Project may achieve changes in formal administrative policy, little attention has been given to how to change the informal policies that can play havoc with efforts to achieve constructive change in services.

ACLU staff members met this phenomenon when working with the housing commission. Although the housing commission announced a policy change, staff members operating its offices frequently blocked efforts to carry out the directive or failed to follow it. For instance, when requested by ACLU the director of the local housing commission agreed to give every applicant for public housing an application form. The ACLU staff found, however, that in several cases the staffs of the local housing projects still refused to give the forms to certain persons.

Long-range and comprehensive planning is anothe matter for concern, but one the Children's Project has not seriously probed. Almost all energy during the first year's operation has been directed towar translating current problems into near term policies and the objectives of planning so far have been specific as to problem and organization. Whether move should be made toward broader, long-range planning and how these should be made are important unanswered questions.

Finally, the involvement of clients in the polic change process must be considered. To date, client and their problems have served only as material fo planning; no attempt has been made to include client on a project committee or to make them part of th mechanisms for making decisions. The involvemen of the consumers of service in the production of service is an important principle now operating in th professions dealing with children. Putting this principle into effect is the next important step in buildin a stronger planning effort and in providing bette training for social work students.

Many aspects of work for children and with children are done by people with only a skimpy know edge upon which to build intervention. Although th translation of solutions to children's problems int community policy using the pursuit of civil libertie as a method appears promising, many aspects of bot action and training remain uncertain. Systematic investigation may uncover much of value for childre and practitioners alike.

---

[1] Rein, Martin: The social service crisis. *Transactions,* May 1964.

[2] Shiffman, Bernard M.: Involvement of low-income people planned community change. *In* Social work practice, 1965 (Nation Conference on Social Welfare). Columbia University Press, New Yor 1965.

[3] Wilson, James Q.: An overview of theories of planned chang *In* Centrally planned change: prospects and concepts. National Associ tion of Social Workers, New York. 1964.

case conference on

THE NEIGHBORHOOD SUBPROFESSIONAL WORKER

:The current widespread use of neighborhood subofessional workers in "poverty programs" prompted HILDREN to publish this case conference giving two les of an argument. The first is presented in an article two neighborhood subprofessional workers and eir former supervisor. In it, they affirm that the subofessional worker deserves recognition for the prossional work he does because professional knowledge d skill can be acquired on the job as well as on the campus. The second is presented as three independent comments by two professors of social work and, as one comment, two child welfare workers. They agree that the subprofessional worker has his place in social work, but they also point out that years of formal study and training give the professional worker advantages unattainable by practice and instinct alone.

Readers are invited to contribute to the discussion through the "Readers' Exchange" section.

I. excerpts from the casebooks of subprofessional workers

HARRY SPECHT ● ARTHUR HAWKINS ● FLOYD McGEE

Contra Costa Council of Community Services in Walnut Creek, Calif., is finding the use of subprofessional workers drawn from the oor people in the community at whom welfare serves are directed more than rewarding. These workers e serving the poor people of the community as subrofessional workers through the Richmond Comunity Development Demonstration Project, a proram made possible by a grant from the Office of conomic Opportunity. The project, which serves the ty of Richmond, Calif., aims at demonstrating the eans by which public agencies can incorporate these ew workers into their operations. Two of the authors f this article are subprofessional workers with the project; the third was formerly the director of the project.

The idea of using subprofessional or paraprofessional workers in the human services is not new. However, the current widespread use of "indigenous" workers, that is, persons drawn from the neighborhoods and the kinds of people the program serves, as staff members of social agencies is a radical change in social service programs. The major impetus to this development came from the commitment of the Office of Economic Opportunity (OEO) to finding new means of bringing about "maximum feasible participation" of the poor themselves in the operation of the poverty program. At present, as a result of OEO's commitment, about 125,000 subprofessional workers are serving throughout the country in community poverty programs.[1] Recent major Federal legislation such as the 1966 amendments to the Economic Op-

---

ised on a paper presented at the 1967 forum of the National onference on Social Welfare.

portunity Act, the Safe Streets Act, the Juvenile Delinquency and Youth Offenses Control Act, the Elementary and Secondary Education Act, the Law Enforcement Assistance Act, and the Demonstration Cities and Metropolitan Development Act is increasing the use of subprofessional workers drawn from the people served.

For the past 5 years a good deal has been written about the use of neighborhood people as subprofessional workers in the human services.[2–4] However, much of this writing does not substantially describe what these workers do. Rather, they center on describing the development of "new careers"—employment methods, problems of organization, and relations between subprofessional and professional workers—and the personal characteristics of persons going into these "new careers."

Differences and similarities

Because of their concern with employment methods and job development, agencies have tended to use subprofessional workers to perform tasks ordinarily done by professional workers but for which professional training is not required. Or they have tended to use subprofessional workers for tasks that offer service not being given by anyone else. One reason why agencies only assign such tasks as these to subprofessional workers may be that they want to neutralize the objection of professional workers to having subprofessional workers perform tasks similar to those carried out by professional workers.

Descriptions of the personal characteristics of those in the "new careers" have tended to stress the *differences* between them and professional workers and the *similarities* between them and the clients. These differences and similarities are nearly always interpreted as assets in that they enable the subprofessional worker to "bridge" the gap between the client and the agency, to serve as a communicator who is better able than the professional worker to help clients put their anger and frustration into words and, as a result, make better use of available services or organize to demand services not available. Stressing differences and similarities might also be another way of neutralizing the opposition of professional workers to programs using subprofessional workers because recognition of the similarities between the subprofessional and professional workers (and there is evidence that there are similarities)[5] might also be problematic.

In their method of creating jobs and in their concern with differences and similarities, agencies en
phasize defining the jobs of new "careerists" on th
basis of the tasks they perform. However, this wi
very likely prove to be an insufficient basis on whic
to define jobs for and to assess the performance of th
subprofessional worker. In the human services, mo
tasks are similar. Certainly, when we look at the day
to-day work of subprofessional workers in our projec
who are serving as school aides, police communit
relations aides, probation aides, and community orga
nizers, we find that they, like professional worker
interview, make referrals, consult other agencie
serve as resource people for clients, and couns
individual clients, groups, and organizations. Ult
mately, the distinction between professional and sul
professional workers and their right to carry respor
sibilities and claim status will have to rest not only o
the tasks performed but also on the extent of th
knowledge different workers bring to their tasks an
the degree of skill with which they perform them.[6]

At present, these distinctions and rights are largel
judged by credentials. Unfortunately, in the absenc
of clear and tested measures of skill and knowledge
most of the human service professions must base thes
distinctions on the academic degree. Two results o
this condition are evident. First, in nearly all cases
subprofessional workers have been relegated to carry
ing out the tasks professional workers find the leas
gratifying. Second, at present, there is little hop
that professional associations such as the Nationa
Association of Social Workers will admit the subprofessional worker without an academic degree.

Two cases

It is our contention that the resolution of the prob
lems of advancement to professional status either o
the job or in the professional association must b
based on an assessment of the knowledge and skill th
job requires. As a first step toward this goal in ou

Harry Specht, now a lecturer in the School of Social Welfare
University of California, Berkeley, was formerly the directo
of the Richmond (Calif.) Community Development Demon
stration Project described in this article. **Arthur Hawkin**
and **Floyd McGee** are neighborhood workers in the projec
Mr. McGee is a school-community worker at the Nystron
School, Richmond Unified School District. Mr. Hawkins is a
intake counselor at the Richmond Service Center and th
organizer of the Welfare Rights Organization of Contr
Costa County.

roject, we gathered case records prepared by subrofessional workers that could be used to evaluate heir use of skill and knowledge. Two casebooks of hese records have already been published.[7, 8] Our ext step will be to analyze the records. The following excerpts are from two records included in these asebooks. Each excerpt is followed by the worker's omments about his record.

The first of these cases involved a 16-year-old unarried mother who lived with her mother, two rothers, and two sisters. The family was receiving ublic assistance. The baby, a boy, was 16 months ld at the time his mother's case was handled by the orker. The girl's mother tended the baby 2 days a eek; a paternal aunt, the other 3 days while the other was at school. The mother and daughter ot into a heated argument that led the girl to run way to the baby's paternal grandmother. The other called the police to report that her daughter ad run away from home; the girl's sister let her now what the mother had done. The neighborhood orker entered the case at this point.

> The [paternal] grandmother knew that I worked with the elfare Rights Organization [a group of welfare clients organized by two community aides] so she contacted me for advice. told the [paternal] grandmother that if the police came for he girl, she was to turn her over to them. I assured the paternal] grandmother and the girl that I would do everyhing I could to help.
>
> On Monday morning, I picked the girl up and took her to y office. My first step was to contact my supervisor to bring im up to date. My second was to contact one of the police ommunity relations aides at the police department, who told e there was a warrant out for the girl's arrest and that a olicewoman was handling the case. The officer in charge was ot present, so I informed the aide that I would bring the irl to the police station on that day.
>
> My next step was to contact the Contra Costa County Department of Social Services to talk with the girl's social worker. he worker was on vacation so I talked with the worker's upervisor. I explained the situation and asked what the welare department's position would be at this point. I was informed by the supervisor that the department's primary conern at this point was that the girl, since she was only 16 years f age, would have to be supervised by an adult blood relative. then asked if the baby's [paternal] grandmother and aunt, oth of whom are over 21 years of age, would fit the category f a blood relative. The supervisor stated that they would be cceptable in this case. The supervisor also stated that before he welfare department would take any action the probation epartment would have to approve the person who would be upervising the girl.
>
> I then took the girl to the intake officer at the probation epartment and explained the situation to the intake officer. He said that the probation department would have no objection o the girl living with someone else over 21 as long as the other consented. He said that the probation department had no jurisdiction at this point because the police department had not turned the girl over to Juvenile Hall [the residential agency of the probation department] as yet. He also stated that if the girl was picked up she wouldn't have to spend more than 1 or 2 days at Juvenile Hall.
>
> I then took the girl to the police department and surrendered her. The policewoman in charge listened to the girl's story, then called the girl's mother and asked her if she still wanted her daughter picked up. The mother said she did. The policewoman then said that she would have to take the girl to Juvenile Hall. I asked the officer if the girl could be released in my custody for an hour so she could get the baby some clothing. The officer consented with the provision that I have the girl back at the station by 1 o'clock. I took the girl to her house to pick up the clothes and then to the aunt's house.
>
> My main concern was seeing that the girl wasn't locked up. With this concern in mind, I bent the law slightly. Instead of returning the girl to the police department, I called the intake officer at the probation department once again. I told the intake officer what had happened at the police department. I asked the officer if it was possible for the probation department to order the release of the girl into their custody and to allow the girl to be retained in the aunt's house, pending a court decision. The intake officer checked with her supervisor and found that what I had requested was permissible, and she said she would confirm our conversation with the police department. I then asked the intake officer if she wanted to talk with the baby's aunt. The officer said that would not be necessary since I had given my word that the aunt was over 21 and that she could provide a place for the girl and the baby to live.
>
> I took the girl back to the police department where the policewoman in charge had received the confirmation from the probation department. The girl was then released.

The worker then arranged with the welfare department to send the girl's grant to the paternal aunt as her guardian, pending a court hearing. The next day, the intake officer at the probation department called the worker to say that the girl's mother had come in to see her and that she objected to the girl's living with the aunt. The officer said she would have to determine whether or not the aunt met the qualifications necessary to act as guardian for the girl and her baby. A meeting was set up for Wednesday at the probation department. The worker's record continues:

> Meanwhile, the girl's mother came in to see me. She voiced her disapproval of what I had done to help her daughter. She felt that I had done her daughter more harm than good. I tried to explain to the mother that my primary concern was to see that the girl was not detained in Juvenile Hall. I made it clear that I had no jurisdiction over whether or not the girl would be sent to Juvenile Hall. I told her that the probation department had ordered that the girl be detained in the home of the aunt. The mother was not satisfied and left rather angry.
>
> On Wednesday morning, I took the girl and the aunt to the probation department to meet the intake officer. The intake officer questioned the aunt on her qualifications to supervise the girl. The officer was satisfied with the aunt's qualifications and

ordered that the girl be detained in the home of the aunt, pending a detention hearing. The officer stated that the girl would not have to attend the hearing, but the aunt and mother would. The officer also stated that if the girl was ordered by the court to live with the baby's aunt, she would be a ward of the court and placed on probation until she reached the age of 18.

After hearing testimony from a representative of the probation department, the girl's mother, and the aunt, the judge at the detention hearing ordered that the girl be placed in the aunt's custody until she reached the age of 18.

The worker followed his account of the case with these comments:

This is one of the two or three hundred cases the Welfare Rights Organization (WRO) has handled. It also is an example of the individual direct service that WRO offers. If WRO had not existed, this girl would not have been given individual service. No other agency exists that would have handled this case as I did. Another important factor is that our services are free.

I think that it is a direct and personal service that I offer my clients. I live in the community I serve; I am available at all hours and on weekends. By living in the community, I am available to provide the same resources as is common in our middle class communities which often have doctors, lawyers, and other professionals living next door to each other.

Individuals such as myself have never been available for the poor community to take advantage of. I believe that my style of handling clients' problems who live in the poor community is the most effective way possible. I'm from the community I serve, I know most of the people, they know me, I know their problems because they are mine also, and I understand the poor people because I am one, and a part of them.

The other case concerns the work of a subprofessional worker in helping a family cope with an emergency. In this case, Mr. and Mrs. T, the parents of three school-age children—Saul, Cora, and Tess—were injured in an automobile accident and confined to the hospital for a few weeks. A friend, Mrs. S, who was riding in the automobile when the accident occurred but who received only slight injuries, offered to take the T children into her home.

The subprofessional neighborhood worker was called in by Mrs. T to talk with her concerning the help that she would need for the children during her absence from home. She called this particular worker because he had worked with Saul at his school concerning truancy and delinquent behavior. The worker describes the case in these words:

I talked to Mrs. T and asked her what she would like for me to do. First she wanted to know how Saul, Cora, and Tess were doing. I told her that Saul and Cora were doing fine in school, and that, although they had been worried at first about the accident, after talking with me about everything they had calmed down. She told me that the children would be staying with their friend Mrs. S at her home in Point Richmond. She asked if there was any way that they could get from Point Richmond to their school. I said that I would pick up Saul and Cora a bring them to school and take them home in the evening un she could work out another way. I also talked to Mrs. S abo whether it would be hard for her to take care of the T's k until Mr. and Mrs. T were out of the hospital. She said s could do this.

I returned to the hospital and told Mrs. T that Mrs. S cou take care of the kids until she returned home. She asked i could get some assistance for the kids because the money th would be coming in to her would not be enough to cover th needs. I told her that I would look into this. I also told Mrs to call me if she needed to. About 10:30 that night she cal me and said she was having trouble getting Tess to come o there like her mother said. She wanted to know if I could t to Tess and show her why she should come there to stay cause her mother was in the hospital. I asked her if Tess w there, and she said that Tess was at home. I told her I wou talk with Tess and for her to call me back later. I cal Tess. I asked her how come she didn't want to stay with Mrs and she said because she "didn't want to." "Well, Tess," I sa "you know the struggle right now that your mother and fath are in. With all the worries that they have by being in the h pital and they worry about you children too, their minds wou be more at ease if they knew you were staying with Mrs instead of being by yourself." Tess asked me, "Well, do I ha to?" I said, "Well, Tess, I think you should. But I will leave up to you to make up your own mind whether you should st with Mrs. S because there are a lot of things that could happ to you in a lonely house by yourself." She paused for a mome and then said, "Well, OK, I'm going." She then asked whether I was going to call and find out if she got there and told her no and that as she had given me her word she wou go why should I call to find out whether she was going to to me or not. About 11:20 that night Mrs. S called me aga and told me that Tess had come. She also told me she want to talk to me the next day about Tess because Tess had two three places she wanted to go over the weekend. She felt th Tess shouldn't be out late at night. She asked me to talk Tess about this. I told her I would, and I did the next day.

Mrs. S explained that the money was low and that [t children] didn't have any lunch money and she said she did know whether Mrs. T had any money. I told her not to wor that I would give them lunch money.

On Wednesday evening, I got permission from Mrs. T talk with her doctor. I called him and told him who I was a what my duties were concerning Mrs. T and also the reas why I would like information about the T's. He told me th Mrs. T would be in the hospital for approximately 3 wee Mr. T at that time was still in intensive care. I haven't had chance to talk with him. But as soon as they remove him fro intensive care into one of the rooms, I will be able to. He al may be in the hospital for at least 3 weeks, and when releas he probably won't be able to go back to work for at lea another 3 weeks.

The protective services worker told me that Mrs. S wou have to have some kind of license to keep the kids at her ho because it would be such a long time. I asked her would th present any complication and would she be able to do th because I felt that the kids were in a place they liked and we being very well taken care of. She told me that there was good possibility that they might remain with Mrs. S. She th old me that she would call social service to see what could be lone and she would call me back and give me the information.

The rest of the worker's record describes his coninued contacts with all of the people concerned and vith the protective services worker responsible for Saul. This worker helped him get assistance for the T's from the welfare department to supplement their esources. He continued his activities during the time t took Mr. and Mrs. T to recuperate in the hospital.

The worker's comments on this record are as ollows:

> In crisis people must have someone with whom they can alk. I was there in the school, close to the home, within walkng distance. The youngsters in the family knew I was conerned. They needed someone to listen to them and explain vhat had happened and what would happen to them.
>
> Giving is part of my job. To be able to give service or a mall amount of money was very gratifying for me. Besides, vhy bother a family with serious problems about a few ents?
>
> Later when I thought the time was right, I asked about the T amily's financial standing because not only did the kids need unch money but the family keeping them also needed money or expenses.
>
> It's very important that school officials be informed of hanges in a family situation. In this case, with both parents n the hospital, the kids would be upset for a while.
>
> Contacting the welfare agency, I found I had to get more nformation about the family. I was familiar with the social ervices procedures so this helped me explain it to the family. The parents gave me their permission to talk with the doctor or they were glad someone was doing something.
>
> I kept close contact to make certain everyone had what they needed, and, most important, enough food.
>
> The doctor was very cooperative. I received a special permision slip to see the father. There was hospitalization insurance or the father only. When the social worker made her isit, I asked to go along with her. I wanted the family to now they had somebody working with them at all times.
>
> Although the mother is in a wheelchair, the father is now ack on the job. I am still working with this family and their roblems. The children know now how important a *united* amily is. They have lived through a misfortune and have been elped by friends. They now understand what a school community worker is really needed for.

An existing challenge

To make use of the records in our work requires he creation of a scale by which to measure practice nd to compare the efforts of these workers. Howver, there are several observations we can make bout the records in themselves.

First, the subprofessional workers obviously proided important and significant services. Can one elp feeling wonder and shock that the services given to these families were not available before? Yet tasks of the *kinds* the workers are carrying out are not really new; rather, these tasks extend the *kinds* of services we have the knowledge and means to give clients not being served. Second, in providing these services the workers perform a "community building" service since they are enabling families in low-income areas to make use of the institutions set up to serve them. The workers represent an important bridging or communicating mechanism. Third, as the number of such workers increases and their skill and ability improve with experience and training, their effect on the institutions and on professional workers may become increasingly abrasive. And fourth, the records show that the workers are using knowledge and skill in interviews, diagnosis, referral, advocacy, and "brokerage."

To widen the horizons of young people from low-income families is one of the goals of the neighborhood worker. Here, a teacher's aide helps a boy with a geography assignment.

Unless we develop means of measuring competence other than academic credentials, we shall soon find that we have created a large group of subprofessional workers who are locked into low-paying, unrewarding jobs with no chance for advancement, however great their skill and competence. The fact that the majority of these workers will be Negroes or of Spanish extraction will only further point up the build-in injustice of our system for awarding status and prestige and fixing salary.

The two records selected for this article are not essentially different from those of other subprofessional workers in our project. Both of the workers had had approximately a year's experience with the project and the benefit of education through in-service training, seminars, and formal courses. They showed evidence that they were acquiring the knowledge and skill of professional workers and using them creatively. The records of these workers suggest the possibility that the development of professional knowledge and skill can take place in settings other than academic. The continuation of this kind of effort to identify and measure competence in performance in subprofessional workers is an exciting challenge to people in the human services, as well as to educators, we believe.

---

[1] Riessman, F.: The new careers concept. *American Child*, Winter 1967.

[2] Pearl, A.: Riessman, F.: New careers for the poor. The Free Pres New York. 1965.

[3] Riessman, F.: The "helper" therapy principle. *Social Work*, Apr 1965.

[4] Barker, R. T.; Briggs, T. L.: Trends in the utilization of soci work personnel: an evaluative research study of the literature. Nation Association of Social Workers, New York. 1966.

[5] Grosser, C. F.: Local residents as mediators between middle-cla professional workers and lower-class clients. *Social Service Review* March 1966.

[6] Beck, B. M.: A professional approach to the use of the "non-profe sional." Paper presented at the American Psychological Association an National Association of Social Workers Conference on Non-professional Washington, D.C. 1967.

[7] Ester, Allee, et al.: School community workers. Richmond Community Development Demonstration Project New Careerist Caseboo No. 1. Contra Costa Council of Community Services, Walnut Creek Calif. March 1967.

[8] Coleman, Noble E., et al.: Police community aides and probatio aides. Richmond Community Development Demonstration Project Ne Careerist Casebook No. 2. Contra Costa Council of Community Service Walnut Creek, Calif. May 1967.

II. comments

I read this article with avid interest. I had heard a great deal about the use of subprofessional workers in social work, but I had never before read a process record of their work nor given thought to the cause that these three authors put forward: their implied proposal that the subprofessional worker be identified as professional when his "knowledge and skill" are rated as—what?—as equal to that of the professional worker?

First, I must say that I loved the two helpers. My heart warmed to their devotion, their complete willingness to give of their time and energy and money to people in crisis, their advocacy, their ingenuity (unhampered by rules and regulations), and their direct commonsense. They are "naturals." We look for such "naturals" in the students we admit to schools of social work. We often find them, too—but not always. But neither do we always find "naturals" among subprofessional workers. Yet it has come to be a pervasive myth among those who are viewing the poor and the "indigenous" worker with wide new eyes that all workers drawn from the poor are "naturals."

At the time I myself was a "subprofessional" worker some years ago, the poor were expected to be "honest." Why they were expected to be more honest than anyone else I was never able to fathom, any more than I can fathom today why the many different types of persons who make up the poor are supposed to have more warmth and understanding tha other people. I do not believe it has been proved tha people under chronic stress necessarily have mor compassion and understanding for their fellow sufferers than persons less troubled. *Some* among ther do. But the attributes of compassion and undestanding are not primarily induced by economi conditions.

Be that as it may, these particular people-helper were indeed concerned, compassionate, and committed to service. They entered two situations a points of crisis and by their forceful and unflaggin efforts brought about changes that lessened the stres on their clients.

Now come my questions (perhaps they will b written off as the stuffiness of a "professional" caseworker, but I cannot get around them). In regar to the 16-year-old unmarried mother: Why was he mother doing what she did? Was there a longstanding problem between mother and daughter What was it made up of? On what basis was th home of the baby's paternal aunt chosen as a substitute for the girl's own home? What indication were there that this was to be a good and stead home for the girl and that her own mother (wh still holds parental rights, whether or not she aware of it) would not work to disturb the setup nd—and—and? Of course, it is possible that the orker knew the answers to these questions and had ood reasons for leaving them out of his records.

The questions I am asking concern the *knowledge* at guided the worker's actions, not only his diagostic knowledge of this particular case but also his neral knowledge of what might be expected and ticipated in this kind of a quasi-legal situation, as ell as from the psychologically charged actions d reactions inevitable in cases like this. True, a ained caseworker who had stopped to consider all pects might not have saved the girl from a police ckup, but he might have averted some of the irvocable steps that followed and that may be diffilt to retrace. Certainly, it could be argued that in isis the worker must first take action and then ke thought. Perhaps one of the outcomes of prossional study and training is that because of them, ter the first awkward months of thinking a case uation through, the caseworker can intertwine asssment and action, can look behind the motive and yond the moment.

I do not know enough about these workers' thinkg and planning to judge their assessments and tions. I am more concerned with the proposal that cords be examined to assess the kinds and levels knowledge and skill used by subprofessional orkers. So many familiar obstacles rear up here! what the authors are talking about is only a deription of what *actions* the subprofessional worker s taken, that is something with which I have little arrel. But they suggest that the "degree of skill d knowledge" is also to be assessed.

Now, "skill" cannot be assessed except within a agnostic context: that is, whether what a worker d was skillful depends on what the person-in-thetuation is motivated toward, is capable of, is dged to need, and has available. "Knowledge" is vast subject. Is it *knowing* what to do? Is the term ed here in the sense of understanding and comehending the nature of the person and his probm? Do the authors mean knowing *about* someing—that is, where to go, whom to reach? Or what they mean? How can we assess the worker's nowledge" in the case of the family in the accint? Did the worker know what made Tess relucnt to live with Mrs. S? Did he "know" what her her plans were? Did he "know" what the parents' cident meant or did to Tess?

My point is not that these questions needed to be swered before the worker acted, but rather that nowledge" of *what* must be identified before the adequacy of a worker's knowledge can be assessed.

Other questions also come to mind. Will case records show that knowledge and consideration were behind the actions taken in every case? Are the records to be standardized to yield the same kinds of data? Case records written for other purposes have proved highly unreliable for research.

I wholly agree with the authors' statement that subprofessional workers are "providing an important and significant service." It is not altogether clear to me why the "service given to these families were not available before," as the authors say. It is clear to me, however, that as bridge builders, advocates, interpreters, and "crisis-meeters," subprofessional workers may offer an unusual and much-to-be-valued service. But I am at a loss to follow the ensuing argument. Are the authors saying that subprofessional workers should be dubbed "professional" workers when they are using knowledge and skill in interviews, diagnosis, referral, advocacy, and "brokerage"? That status and prestige and salary should be awarded on the basis of the desires and needs of economic and ethnic groups? That, as the development of professional knowledge and skill (undefined) "can take place in settings other than academic," schools of social work, nursing, education, or even medicine (since medical aides are now in the making) may be unnecessary?

In brief, I am persuaded of the worth and need for subprofessional workers, and the authors strengthen that belief. But I cannot manage the leap from belief in the subprofessional worker's worth to the argument put forth for apprentice training based on developing undefined "knowledge" and "skill." Nor, until we have a more nearly valid measure than any that now exists, can I go along with washing out as irrelevant the broad base of knowledge, the ethical and value considerations, the philosophic stance and commitments that professional (academic?) training seeks to inculcate in students in addition to knowledge of how to interview and to give service in individual cases.

HELEN HARRIS PERLMAN
Professor of Social Work
School of Social Service Administration
University of Chicago

● Persons interested in the vital subject of the use of subprofessional workers in social work will be grateful, as I am, to the authors of this article for having written it and for having given them substantive material to evaluate. In most of the urban communities where poverty programs have evolved and social work services have been limited in professional staff resources, there has been a great deal of activity concerning and thinking about the use of subprofessional staff members. For this reason, the Richmond Community Development Demonstration Project is not the first experiment to be written about, nor are we without experience against which to evaluate it.

In criticizing a "new" project, especially one written about by a participant-consumer, I know I run the risk of being called a traditionalist in my professional views. Yet, I assume that when the authors of this article committed their ideas to paper, they meant to be taken seriously and to have their ideas criticized, both favorably and unfavorably, and I proceed on this assumption.

It seems to me that the authors point out some truths for professional social workers to consider and raise some embarrassing questions for them to answer. Unfortunately, their view of the "problem" seems to be more reliable than the solutions they suggest. Without reliability, their solutions are only exhortations.

Let us look first at the "truths" they point out. It is evident to most social agencies by now that subprofessional staff members are needed to do a great many tasks in urban communities. Although I assume, with the authors, that the people who live in the communities being served are themselves a rich source of workers to perform many of these tasks, I know that using them presents a serious problem centered on career lines. How do we provide these people with jobs offering status and reasonable opportunities for self-improvement?

It seems unarguable to me that people from the areas to be served bring special qualities to the tasks they do in social work; for example, they are on call at times when professional workers are not and they generally reflect the culture, language, style, and concern of the community in which they live. These characteristics suggest to me that they have a particular role to play in advocacy, in bridging the gap between communities and bureaucratic organizations, and in carrying out certain neighborly tasks.

But, moving beyond these statements, which I can accept as true, I find myself embarrassed by their observations that professional social workers have not been able to substantiate their successes and have not developed reliable measures for their effectiveness. They also imply that social workers have failed to provide substantive descriptions of what professional workers do and, consequently, have been unable to define what subprofessional workers might do i any category of social service. Their article is perha a result of the profession's laxity in coming to tern with the issues of staff use and its resistance to co fronting the hard work of differentiating among t functions and tasks of professional and subprofe sional workers.

The article goes beyond the exposition of the i sues I have just mentioned, however. I find the a thors' inferences from their view of the problem bo loose and illogical. In the first place, I detect defe siveness and argumentativeness in their stateme that the reason for professional concern with ta selection and the emphasis on similarities betwee neighborhood workers and clients may be meant neutralize the objections of professional social wor ers to the full use of subprofessional staff membe Although it may be true that the profession as whole is not yet ready to deal with the questio it is also true that knowledge, skill, and experien cannot be so lightly dismissed and that, by definitio the neighborhood worker has, in most instance characteristics that are similar to those of t clients he serves.

Several points brought out in the article are error and have nothing to do with values or jud ments. The authors state that in the human servic most tasks are similar, and they seem to make th the argument around which all their others cluste Although such a task as interviewing might appe to be the same in all instances no matter who carri it out, the major difference between what the profe sional person and the well-intentioned but subpr fessional person does is that the professional perso presumably carries out his task on the basis of h knowledge of the situation, in a disciplined and di ferentiating manner. It seems to me that the essenti ingredient of professional education here is broug to the fore: professional education means that t worker has a wide selection of theories to call on explain the complexity of psychosocial situations a can handle each case differentially, according to i particular requirements. Thus, when the well-inte tioned subprofessional worker acts in a situation, may act on intuition or out of a feeling of pressu from the client or the community. He may carry o the task well, but he will lack a rationale and his effe tiveness will be governed by chance alone.

The authors seem to have no knowledge of the co tent of social work education when they state th "academic credentials" alone distinguish the subpr fessional from the professional worker; the know dge and disciplined use of skill to which I have just eferred are exactly the content represented by the redentials. No, it is not a matter of status alone that ualifies the professional worker to do something dif- erent from the subprofessional. Rather, it is the ontent of the experience behind the status the pro- essional worker has achieved. For example, by anal- gy, when a child at a playground cuts his finger, the ttendant may just as skillfully as a physician apply prepackaged bandage to the finger. Applying such bandage is a simple task and does not require many ears of medical education or the status of "physi- an." However, if the child has severed a tendon or ut his finger on a rusty surface or has a disease hat prevents the blood from clotting, the physician's owledge would surely make a decision to apply a andage more than a layman's task.

The first case discussed in the article illustrates is point very well. The worker takes action, gives dvice, shows concern, and generally extends him- lf to the client. But to what avail does he carry out ese "tasks"? He has no facts on which to base his ecision to remove the child; he does not consider e interaction of the girl and her mother; he does ot observe basic principles in seeking the mother's rticipation in planning for her minor child. In- ead of thinking and planning, he takes the girl her- lf on six separate visits to community agencies as tries to find the right place for her. Certainly, ere was a great deal of activity in the case; never- eless, it does illustrate the point that without owledge of human behavior, family relationships, reaucratic structures, social values, legal proced- es, and the technique of a process, activity in and of self is not helpful. The worker says that his work the case was gratifying to him, but is giving him tisfaction the best reason for using him to serve family in need?

We have a long way to go before we can determine e best use we can make of subprofessional staff embers. Thus far, we have found no shortcut to owledge that does not still require formal educa- on. Notwithstanding the need for career opportuni- es for subprofessional workers, I am convinced by e article that we ought to deal with the two issues— e professional use of subprofessional staff members r service goals and the development of career oppor- nities in the social services for the poor—as parate.

CAROL H. MEYER
Professor of Social Work
Columbia University School of Social Work
New York

The article "Excerpts From the Casebooks of Subprofessional Workers" presents a mix of issues on the use of the "indigenous" subprofessional worker that is difficult to tackle without feeling rigidly professional, defensive, and part of "the establishment."[1] Lining up the social worker against the subprofessional worker deflects from the vital issue, which is the agency's need to make its use of professional and subprofessional workers functionally related to the needs of the client system.

Social work is engaged in a continuing struggle to become more relevant in its practice. As Menchner believes, "We are more interested in finding answers to social problems than in cutting out a unique place for our practice."[2] Increasing the size of the social welfare force by hiring neighborhood subprofessional workers will provide more jobs for the poor, enlarge the staffs of social agencies, and increase the size of their budgets, but it will not make social work any more effective *unless* we restructure the way we deliver services and become more explicit in defining the tasks (work requirements) unique to the social work function (activities) and the kind of manpower (workers with the master's degree, workers with the bachelor's degree, social work technicians, and aides) we need to do the job. The problems involved in achieving these goals are well illustrated in the report on manpower published in 1965 by a task force of the U.S. Department of Health, Education, and Welfare.[3]

An explicit analysis of tasks puts into perspective the needs of the clients and defines the functional responsibility of the workers involved.[4] The specificity of tasks removes us from the circular conflict between social worker and subprofessional worker and puts us into a situation in which the client is the focal point.

In placing the client in the center, we can evaluate the performance of the two subprofessional workers whose work this article describes by their ability to perform their tasks. This, rather than a benchmark of professional practice, is a more appropriate way to measure their skill.

The first worker describes two tasks: helping the teenage mother stay out of Juvenile Hall and finding her a safe place in which to live. His lack of attention to the other tasks—involving the mother of the girl in the decisionmaking process, helping the mother and daughter resolve their difficulties, and working out relations with the baby's paternal relatives—is a result of his inaccurate perception of the client's needs or, perhaps, of his recognizing that he was not able to deal with such "basic" problems.

Certainly, it is foolhardy to expect the worker to have carried out all the tasks demanded by the client's situation, as most were beyond his range of understanding and skill. Expecting the subprofessional neighborhood worker to act as an amateur social worker places unfair stress on him and acts as a negative force on the client. It can also lull the community into believing that the client has been adequately served.

One of the problems of our profession has been our reticence to define explicitly what social workers are capable of doing and to accept a limited field of influence. To throw upon the subprofessional worker the same expectation—that he be all things to all people—even further limits the contribution he can make.

For the most part, the tasks the second worker performed are related to his skill and, more specifically, to the needs of the client. Concerning the latter, his tasks were integrated with those of other staff members. Dividing up the tasks by the clients' needs and the workers' skill served the clients well. The neighborhood worker helped provide a secure environment, which was the T family's major need. Other kinds of skill were required to help Saul solve his problems in school and to help Tess come to terms with her adolescent struggles. Providing a secure environment, however, held the highest priority.

Subprofessional workers can and should be used in a variety of ways. The value of their contribution should be based on a determination of the clients' needs and on the assignments made according to knowledge and skill required—that is, whether it should be done by a professional social worker, a subprofessional worker, a lawyer, or a homemaker. The answer lies in what is needed to help in the particular situation. Arthur Bloom puts it this way: "It is this combination of client needs that must become the base from which services are derived, manpower needs defined, and manpower utilization decided . . . . In order to maximize the social welfare worker's utilization of the tools and techniques available to him, it follows logically that the structure of the social welfare agency, the job description, and the conditions for delivery of service . . . should differ in relation to the worker."[5]

The skill required may not pattern itself into a single career line leading to "professional social worker." Although the authors suggest a single career line, other models might be more appropriate. Schmais notes that using a single model for advancement may be just another kind of manipulation and that "it can reduce the viability and meaningfulnes of lower level jobs, propelling thousands in search o credentials that often have little bearing on wha they need to know in order to perform their jobs and deflect the concern of nonprofessional program away from the aim of institutional change to one o professionalism."[6]

Legitimation of the function of the subprofessional worker within the social welfare system i necessary because we must account to society as wel as provide security for the worker. Essential to thi process is the provision of opportunities for caree advancement.

At the Division of Child Welfare, Cuyahoga County Department of Welfare, in Cleveland, Ohio we are endeavoring to delineate the tasks of the professional worker, the agency-trained worker (college graduate), and the neighborhood subprofessional worker, based on the needs of the clients. This is a formidable undertaking: it will greatly strain our traditional ways of giving service and cause some discomfort as we venture to try new ways. The risk could pay off in increased service to the client heightened productivity, and greater satisfaction to the worker.

SONIA LEIB ABELS
Coordinator, Group Service
LEON H. RICHMAN
Chie
Bureau of Children's Service
Division of Child Welfar
Cuyahoga County Department of Welfar
Cleveland, Ohi

---

[1] Shaw, Ruth S.: The employment of persons indigenous to low socioeconomic groups in social welfare services. Council on Grou Services, National Association of Social Workers, New York. Januar 1967.

[2] Menchner, Samuel: The evolving professional function. Paper delivered at the 1965 Conference of the Council on Social Work Education, Denver, Colo.

[3] Department of Health, Education, and Welfare, Task Force on Socia Work Education and Manpower: Closing the gap in social work manpower. November 1965.

[4] Schwartz, William: The social worker in the group. *In* The socia welfare forum, 1961 (National Conference on Social Welfare). Columbia University Press, New York. 1961.

[5] Bloom, A.: Differential use of manpower in public welfare. *Socia Work*, January 1966.

[6] Schmais, A.: Implementing nonprofessional programs in huma services. Center for the Study of Unemployed Youth, Graduate Schoo of Social Work, New York University, New York. 1967.

THE ADOPTION OF MENTALLY RETARDED CHILDREN

URSULA M. GALLAGHER

In the past, both professional people and the public considered the mentally retarded child as unadoptable. Rarely did social agencies give thought to whether the degree of retardation could make a difference, and rarely indeed did they search for couples who might accept such a child. Adoption was for the "perfect child" and the "perfect family." The mentally retarded child was often hidden in an institution, a cause of shame to his family. Now, the picture is changing. Aware of the benefits of adoption and of the great progress recently made in the field of mental retardation, agencies are broadening their definition of "adoptability" and are seriously considering adoption for the mentally retarded child. They are increasing their efforts to find homes for these "special" children and are making their requirements concerning age, income, employment status of prospective adoptive mothers, and other aspects more flexible.

What kind of child?

Retarded children cannot be placed as readily as normal children, of course. Most agencies have far more hard-to-place children, including physically, psychologically, or mentally handicapped children, awaiting placement than applicants who will consider them. Yet couples *do* come to agencies expressing interest in adopting handicapped children; many others become interested in adopting mentally retarded children when they are encouraged by the agency.

In speaking of adoption for mentally retarded children, I am speaking only of the *mildly* retarded child, that is, the child who is capable of completing the sixth grade, who can be guided toward acceptable social behavior, and who can usually acquire the social and vocational skill necessary for minimum self-support. Most of the retarded people in the United States are only *mildly* retarded. Children who are profoundly retarded, severely retarded, or moderately retarded—the categories into which other retarded children fall—are not usually adoptable because their handicaps are too great for most couples to handle. The *profoundly* retarded child, characterized by gross mental impairment and, often, physical handicaps, needs constant supervision and nursing care. The *severely* retarded child has poor motor and speech development and can take care of himself only minimally. And although he can learn to communicate, the *moderately* retarded child has poor social awareness and motor development and will always require a sheltered environment.

In considering the potentials of mildly retarded children who need permanent homes, we must look for certain general characteristics. Though they vary in ability to learn and to function, and there are differences between them and normal children, these differences do not negate basic similarities. An agency's chief questions, then, in determining adoptability include these: Can the child fit into family life? Can he accept love? Can he have a relationship with parents? Can he identify himself with a parent? Is he trainable for employment?

Based on an address to the Regional Conference on Adoption of Mentally Retarded Children, Stone Mountain, Ga., September 12, 1967.

The feelings and attitude of the social worker toward mental retardation are important influences in the adoption of retarded children. Sometimes a worker assumes that because he would not want a retarded child no one else would. He may arbitrarily decide that a child not acceptable to him would not be acceptable to others. Such a possibility points up the need for supervisors of caseworkers to expand their knowledge and examine their conceptions of mental retardation. They have a grave responsibility to help caseworkers progress in their thinking and to help them make valid, individual evaluations of every child in their caseloads.

Who should adopt them?

We have so little experience with the adoption of mentally retarded children, and what we have is so scattered, that our knowledge of the characteristics of successful adoptive couples is slight. Certainly, the foster parents of a retarded child who later adopt him have had opportunity to acquire understanding of his limitations and needs and, therefore, willingly take on a lifelong responsibility. Perhaps more foster parents would be willing to adopt their retarded foster children if caseworkers would explore the possibility with them without applying pressure.

To my knowledge, no one has yet delineated the qualifications of couples who successfully or unsuccessfully adopt mentally retarded children. Although many of the basic qualities of other adoptive parents are no doubt important, certain other qualities are also necessary. On the basis of the needs of most mentally retarded children, I would expect to find the qualities listed below in couples who successfully adopt such children.

1. They emphasize *giving* to a child rather than *receiving* from him. They want to reach out to help the child who most needs help. Many are moved religion and a desire to make a special effort "love their neighbor."

2. They have a healthy attitude toward mental r tardation based on sound information. They are n unduly afraid of the problems it may bring.

3. They do not want to adopt a child as an "exte sion of self." Frequently, they will already have na ural or adopted children with whom they have go relationships.

4. They expect no more of the child in school or a job than he can achieve. They will not be emba rassed or frustrated by a child who requires speci education or is near the bottom of his class. His s cial adjustment will mean far more to them than h academic or professional success. They will not e pect him to become a physician or a lawyer or schoolteacher.

5. They feel secure in accepting a child with limit tions and can cope with the questions of relative neighbors, and friends.

6. They are able and willing to accept a child wh is more than normally dependent on them, but the will encourage the child to develop his ability t help himself.

7. They have patience beyond that of most parent They are satisfied with small, slow gains and rejoic at gradual improvements. They have high toleranc to frustration.

8. They are flexible and can change both the short- and long-term plans for the child.

Could highly educated, intellectual couples suc cessfully adopt a mentally retarded child? Som could, particularly if they have children of the own. If they have raised a child of their own wh was an "achiever," they may not need an "achiever as an adopted child. However, because a retarde child is likely to be "different" from natural childre an agency must determine the degree to which couple will accept this difference. Social agencie must be openminded and prepared to consider thos families whose own unusual needs may equip the to meet the needs of special children.[1]

Should a single person be allowed to adopt mentally retarded child? The same principle woul apply here as with the normal child. Safeguards a necessary, but such a placement should certainly b

---

Ursula M. Gallagher has been with the Children's Bureau since 1956 and is at present specialist on adoptions and services to unmarried mothers. Her experience includes work as a caseworker, a supervisor, and an administrator with both public and voluntary placement agencies serving children and parents, including unmarried parents; as a consultant on child welfare services in the Ohio State Department of Public Welfare; and as a supervisor of students at the School of Applied Social Sciences, Western Reserve University.

seriously considered if the alternative is no permanent home.

The selection of a particular family for a child is based on an evaluation of the needs and strength of each. The child will require warm, understanding parents; a normal home; educational opportunities geared to his capacity; and never-ending encouragement. Ability that might go unnoticed in the normal child must be unearthed and cultivated in the retarded. Adoptive parents must be able to do this.

The child must be allowed to be dependent while being given every opportunity to develop his ability to its maximum. The social worker is responsible for helping the adoptive parents strike a balance.

What are his potentials?

As in the adoption of any child, caseworkers must help the parents realize that responsibility for child rearing will rest on them for a long time. In considering the adoption of a mentally retarded child, adoptive parents will want to know the characteristics of the child and his potential for socialization. For many children, mental retardation is a dynamic rather than a static condition,[2] subject to change as the environment changes. The adoptive parents must understand this and be ready to make the most of an opportunity to raise the level of the child's performance. Let me give two examples from case records of State welfare departments of how this can be done.

Maggie came into boarding care at 14 months of age in 1962 as a referral from a juvenile court because of neglect by her parents, both of whom were considered retarded. Though she was pretty, Maggie had no animation and little expression: she was infantile and quiet and did not respond to stimulation. Her first foster parents loved her and allowed her to move at her own pace. A year after placement, however, they had to move out of the State and Maggie was placed in her present foster home. From good care in that year, Maggie had improved, but she still was not walking or talking and was not toilet trained.

Her new foster parents gave her the same care required by an infant, although she was over 2 years old by this time. They loved her and treated her as a member of the family. They met her physical and emotional needs, and a very strong relationship was formed between them. The foster parents accepted her limitations and were proud of every improvement she made. Her dependence on them increased their love for her, and, in accepting her, they began to think of her as their own child. In fact, they often told the caseworker they did not believe they could ever let Maggie go. Maggie improved in their home. She began to say "Mama" and "Daddy" and started to walk.

On later visits by the caseworker, the foster parents spoke of their interest in adopting Maggie. In October 1965, the agency described its efforts to make Maggie legally available for adoption and let them know that their love for Maggie was recognized. Maggie's natural mother was reached in November 1966, and in December she surrendered her parental rights to the State department of public welfare. Every effort to locate the father was futile. After considerable effort, the State agency obtained termination of his parental rights through its legal services section. After a study of Maggie's foster parents and their home for her possible adoptive placement, the home was approved last year.

Maggie now walks normally and can run well. She can say several more words and even small phrases—"Mama, wash dishes," "Daddy gone." She is able to carry out simple instructions and expresses her understanding in words and gestures. The foster parents are permissive, stimulating, and encouraging. They seldom scold or punish. They are patient with her and understand her needs. To Maggie, this is her home and she loves her "Mama" and "Daddy." The foster parents want Maggie to develop fully and will see that she gets special schooling or any other service that will help her. They now regard her as their own child and are looking forward to adopting her as soon as the legal process is complete. With them, Maggie has the advantages of a permanent home where she has an opportunity for a good life.

Timmy was born in April 1962 to an unmarried woman who was later committed to an institution for the mentally retarded. The child was placed in an approved foster home shortly after birth, where he remained until June 1963. At that time, after evaluation, he was placed in an institution for the mentally retarded. He was found to have a profound neuro-sensory impairment and has been given intensive auditory training. In 1965, the agency decided that, as an institution for the mentally retarded was not the right place for Timmy because he needed constant individual love and care, consistent understanding, and firm control on a one-to-one basis, he should be placed in a foster home and given schooling at the State school for the deaf.

A childless couple interested in helping a child like Timmy was found. They were told of his hearing handicap, but they accepted him anyway because they wanted to help develop his potential and to make him happy. The agency felt that they should first take Timmy as a foster child; if all went well, they could adopt him later. The couple agreed that a "trial period" would be good, and they faced squarely the possibility that adopting him might not be best for Timmy or for them. They did not anticipate failure but accepted the difficulties Timmy brought. A warm, understanding couple, they completely accepted Timmy and gave him a great deal of stimulation. He progressed in their home. They have since adopted Timmy, and have expressed an interest in taking another child like him because they have acquired insight and knowledge from their experience.

These cases argue against regarding the mentally retarded child as "hopeless" and for encouraging adoptive parents to help the child develop fully.

What of heredity?

Several research studies report that children with low IQ's categorized as retarded tested within normal range after exposure to a stimulating educational environment.[3, 4] Another study reports that children who were born to mentally inferior mothers but who were placed in adoptive homes before they were 2 years old reached educational, social, and occupational attainments consistent with that of their adoptive parents. Moreover, the study also found, their own children have scored at average or above on intelligence tests.[5] These findings are particularly significant because of the kinds of questions applicants for adoptive children ask about the heredity of children who might be placed with them. Still another study reports that after a group of mentally retarded children were transferred from an orphanage to an institution for mentally retarded persons where retarded women developed close mother-child relationships with them, their intellectual growth picked up to the point where they could be placed for adoption as normal children.[5]

It is clear from such studies and from individual experience that relationships with parents and the environment can profoundly affect the retarded child's course of development. An agency should stress this point in talking with applicants who fear that delinquency, impulsive sexual behavior, or other problems may occur as the child grows up. Some mentally retarded children may as adolescents engage in sexual misconduct, for instance, but there is little evidence to show that their retardation is the cause. Education and supervision, provided according to the child's needs, are usually adequate safeguards against such conduct. Without a doubt, many mentally retarded children, given the love and stimulation they need to achieve to capacity, adjust to jobs suited to them, make good marriages, and successfully raise children of their own.

What other considerations?

Proper selection of an adoptive home for a particular child is essential in the adoptive process. The caseworker must be ready to give continuous supportive supervision for some time after placement. As with the normal child, incidents will surprise, puzzle, or produce anxiety in the parents. Even the best prepared, most understanding parents may have such reactions and may need support and reassurance. Integration of the child into the family is the goal, but reaching it may be slow. The adoptive parents need to know that the agency is not expecting good adjustment instantaneously and that the caseworker will help parents and child adjust to their new lives after the placement for as long as they require help. The filing of the adoption petition should be timed to the need for support in the particular family, not automatically tagged to the end of the waiting period required by law.

Some couples learn after they have adopted a child that he is not normal. Their original motive for adopting the child and the expectations they have will affect how they respond. Their first reaction (a common reaction among both natural and adoptive parents) may be to deny that a handicap exists because denial protects them from pain. They will "explain away" the differences, make excuses, blame others for their own reactions to the child's handicap, or go from physician to physician in a vain attempt to get the diagnosis they want to hear. In time, however, their ambition for the child will be thwarted, their pride injured, and their hope for raising the child as an extension of themselves destroyed.

Adoptive parents, however, are not likely to feel guilt as often as natural parents. Whether the reason for the child's handicap is genetic or environmental, adoptive parents are usually more objective, but they may blame the social agency or other source of the placement for "duping" them. However, both adopive and natural parents face many similar situaions. Although mentally retarded children are often as lovable as normal children, most couples prefer to adopt children who can develop into capable adults. Out of disappointment, some adoptive parents withdraw from social contacts when they realize the child is retarded. This is the point at which they need counseling and reassurance the most. The agency can help them understand the child's handicap, can explain the meaning of "mild" or "severe" retardation n terms of their own home life, can help them see what they can look forward to. The parents will also need help in understanding the state of their own feelings: Do they truly want to keep the child? Can they make the deep commitment necessary and find satisfaction in doing so? An understanding social worker can do much to help the parents adjust to the new circumstances and make the best decisions for the child and for them.

Another case illustration from the records of a State welfare department comes to mind.

Mr. and Mrs. W, a young couple, after learning hat they could not have children of their own, decided to adopt a baby. After careful study, a social agency placed 10-day-old *Jimmy* in their home. The adoption was completed within a year. Jimmy seemed slightly behind other children in ability to hold up his head, grasp, sit up, crawl, walk, and talk. Soon, relatives began to ask questions about his "slowness." At first the parents denied that there were any problems. But by the time Jimmy was 2, the parents could no longer ignore the truth. Mrs. W called the social worker and asked for a clinical evaluation of Jimmy's condition.

In the interviews that followed, both the mother and father were anxious but gave no sign that they wanted Jimmy removed. The evaluation resulted in a diagnosis of "mental retardation, cause uncertain." The social worker secured additional information on he prognosis, explored with the parents their feelngs about the child as he was and was likely to be and their ability to cope with the attitude of relatives, and discussed resources that would be available to he child. As a result of intense counseling, the parents felt that they could accept Jimmy's limitations, were comfortable about being the parents of a retarded child, and were able to face the community. They decided on their own to keep Jimmy.

If, however, after a series of interviews in which their feelings are fully explored, the adoptive parents do decide they should not keep the child, both for his and their own sake, the agency should be ready to help make other plans for him.

What is required?

According to Michael Begab, "[mentally retarded children] are in some measure dependent on persons in their environment—at the very least for their maximum well-being, and at the very most for their ultimate survival. In our societal structure the fulfillment of dependency needs rests primarily with the family . . . ."[6] And he also says: "In the total life experience of retarded persons, no force is more vital than the family itself."[2] In these words, he expresses well, I believe, the great value of finding homes for retarded children needing adoption. The retarded child needs a mother and a father who will accept him despite his limitations and, at the same time, will encourage and stimulate him to develop to his maximum potential.[7] To accomplish this objective will require a good diagnostic study of the child and an accurate evaluation of the characteristics of the applicants—their ability to face reality, their expectations, their patience and tolerance, and a primary interest in giving rather than in receiving. At the same time the child's special needs are met, the special needs of the parents may be satisfied. There *are* such people in the world, and we must find them for the retarded children who need them.

---

[1] Watson, Kenneth: Adoption philosophy and practice. The Chicago Child Care Society, Chicago, Ill. July 1967.

[2] Begab, Michael: Sociocultural deprivation and mental retardation. *In* Report of Institute on Mental Retardation, June 22–26, 1966. School of Social Service, St. Louis University, St. Louis, Mo. 1966.

[3] Kirk, Samuel A.: Early education of the mentally retarded. University of Illinois Press, Urbana. 1958.

[4] Smilansky, Sarah: Progress report: Henrietta Szold Institute, Jerusalem, Israel. 1964.

[5] Skeels, Harold M.: Effects of adoption on children from institutions. Children, January–February 1965.

[6] Begab, Michael: Mental retardation and family stress. *In* Report of Institute on Mental Retardation, June 22–26, 1966. School of Social Service, St. Louis University, St. Louis, Mo. 1966.

[7] Beaven, Paul W.: The adoption of retarded children. *Child Welfare,* April 1956.

a public welfare agency finds a helpful tool in . . .

GROUP COUNSELING FOR ADOLESCENT FOSTER CHILDREN

WOODROW W. CARTER

For many children in foster care, the onset of adolescence is more than they can face without special help. The poor adjustment of many of them to their foster homes, schools, and communities, compounded when they reach their teens, presents a challenge to the agency responsible for them that cannot go unheeded without possible disaster. This challenge faces the Division of Foster Home Care of the Bureau of Child Welfare of the New York City Department of Social Services. When the division was set up about 18 years ago to offer direct, long-term public service for Negro Protestant infants and young children, most of the children accepted were not over 2 years old. But as its foster home care program expanded and the children grew older, the division found that it needed to develop and expand its services, particularly for adolescent foster children and their foster parents. As a result, it expanded its psychiatric program, set up group and agency-operated homes, and started a group service program for adolescent foster children. How the division is providing the last of these is the subject of this article.

For the first 14 years of the foster home care program, the division provided service to foster parents and foster children exclusively through the individua family caseworker. But as more and more childre entered adolescence, it had to take a new look at thi method. Clearly, both foster parents and adolescen foster children had acquired additional needs requiring new kinds of service.

More than casework needed

Even under normal circumstances, adolescent children as they develop come into conflict or even int crisis in their relationships with parents and othe adults in authority. The size of the conflict or crisi is magnified for the adolescent foster child. Unfortunately, by the nature of the service, the foster chil tends to see the family caseworker as an ally of hi foster parents and other adults in authority and no as his friend. It is difficult for the caseworker to overcome this impression. Yet, during the crucial years o adolescence, the child needs to be served personally not just through his foster parents. Shirley Braverman puts it this way:

> Reliance on the worker-client relationship as the only therapeutic tool in casework with young adolescent clients who ar in the process of freeing themselves from dependence on adul is not realistic. If we are truly to start where the client is, the we must recognize that in adolescence the client is, or is strivin to be, a part of his peer group.[1]

Based on a paper given at the 1967 forum of the National Conference on Social Welfare.

Convinced that the adolescent would speak out more freely with others of his own age than with adults and that a glaring need existed to provide additional services to him and his foster parents, in 1963 the division added group services for adolescent foster children to its services. From the outset, the division saw the program as a way to help adolescent children in foster care solve their problems through the group method. Its objectives were to help them overcome the difficulties they were having with their foster parents, teachers and other school authorities, and community authorities (some of the older children were becoming increasingly involved with the courts because of antisocial behavior) and in handling sexual maturation. The division hoped that as the adolescent foster children solved some of their problems they would develop better relationships with their foster parents and other adults and that improvement in this direction would carry over to a better use of their caseworkers' services. The division also hoped that in time it could make the service available to all adolescent foster children in its care who could use it, and its current plans for staff development are directed toward expansion.

The group service for adolescent foster children began with two groups. At present, six groups are meeting: one of 14- and 15-year-old girls; one of 16- and 17-year-old girls; three of 14- and 15-year-old boys; and one of 16- and 17-year-old boys. Each group averages from 8 to 12 boys or girls. The group of older girls meets at the agency; the other groups use community resources. All groups are scheduled to meet biweekly between September and June, after school. Two groups have met for 2 consecutive years, at the requests of the participants. Leaders are selected from both white and Negro caseworkers who have demonstrated that they can accept adolescents, are sensitive to their needs, and are willing to risk themselves with the groups and staff members in developing the service. Men lead the boys; women, the girls.

The initial referral material given to the group eader is limited to identifying information such as name, age, address, and a brief statement describing he adolescent foster child's adjustment to home, chool, and society. On occasion, the leader has to get additional information from the caseworker before he can understand difficult behavior. Adolescent foster children receiving individual or group therapy are accepted for the groups only on the recommendations of their therapists.

Each year, after the adolescent foster children have been assigned to specific groups, caseworkers, supervisors, and group leaders hold joint meetings among themselves to prepare for the group sessions. They discuss these subjects: the objectives and goals of the agency, the duties of caseworkers and group leaders as they relate to the service, and the kinds of technique and methods used in group work. They also study information on the adolescents who will make up the groups to help caseworkers prepare both foster parents and children for the program; plan for consultation, supervision, and recording; and devise methods of sharing information, transmitting feedback, and coordinating the service with the entire agency.

Staff training for group leadership and supervision is a vital part of a group service program. The Division of Training has been continuously involved in the development of the staff for group services. During the first 3 years of the program, it arranged for a consultant on group methods to work with staff members. His help was invaluable in developing the skill of the first group of leaders and supervisory staff members.

The participation of supervisors speeded up once we had a nucleus of supervisors responsible for group leaders. The supervisors for group leaders have worked with the agency's supervisory and administrative staffs in regularly scheduled seminars to acquire greater familiarity with the group process and to increase skill in integrating the supervision of group leaders into practice. Through a series of meetings for group leaders, recently started, the leaders have gained deeper knowledge of adolescent behavior and have continually evaluated the service they give.

Staff and unit meetings have centered on the group program, and the records of the groups have been used to help caseworkers identify with the service and recognize its potential value for the adolescent. The Division of Training has alerted group leaders to pertinent institutes and seminars provided by schools of social work, professional conferences, and other community resources and has encouraged them to attend.

The leader makes a start

When planning and preparation are complete, each leader tries to make a beginning with his group on the work ahead. One of the key problems he faces in getting the group going is to make each member acquainted with the other. William Schwartz describes the leader's role in these words:

> In effect, he is asking the members to understand the connection between their needs . . . and the agency's reasons for offering help . . .; the contract embodies the stake of each party. This beginning phase is particularly important; if its tasks are not properly and directly addressed at the outset, they will plague both group and worker for a long time—in the prolonged testing, in the endless repetition of the what-are-we-doing-here theme, and in the fits and starts with which the group approaches its business.[2]

His statement points up the sound theory behind the leader's use of self as he attempts to use the group method as a helping process. Certainly, as in the one-to-one relationship, of foremost importance is the leader's responsibility to establish himself as an acceptable helping person. He must clearly identify himself within the structure of the agency, and he must let the group members know what they are expected to do and must allow for their reactions. He has to move with comfort from his position as an agency staff member in using the characteristics the adolescents have in common (they are all adolescent, are all in foster homes, and all have similar problems) to help them solve problems. All that he does at first must relate to the "why of our being here." He must be aware that his objective is to move the group from "him" to "them," a process that must occur before the group can work together to solve problems.

In summary, the leader must gain acceptance from the group as a helping person. He must assist each group member to identify with the others. He must help the group pool its energy for meaningful work together on individual problems.

Conflicts brought to light

The division clearly sees the adolescent foster children in the group as struggling to resolve the varied conflicts brought to bear on them at this important stage of their physical, psychological, and sociological development. They are preoccupied with curiosity and guilt about sex; they need to acquire acceptable social behavior; they search for status with their friends. These feelings they have in common with all adolescents; but because the adolescents in the groups are also Negroes, other feelings come into play, deep feelings about and conflicts over racial rejection. These feelings stand out in their relations with white caseworkers, teachers, and therapists, as well as with the community. And these conflicts are compounded by their continual search for stable identity.

Often a single subject coming up in a group session will point up several kinds of concern. From hints given here and there by the participants, the leader acquires a stock of knowledge about the group from which he can draw for subsequent meetings. For instance, one leader reported that his group of boys revealed their feelings about parenthood, being foster children, and sex during a discussion that started on parenthood.

> Several boys said they wished to become fathers. A number of them said that *their* children would never have to worry about becoming foster children. Pete said he could hardly wait to have a wife, both for sexual gratification and to have children. He said sex was on his mind much of the time and that he often had erections. Several other boys admitted having the same kind of experience. I pointed out that this was natural and I related their reactions to the physical changes in boys and girls during adolescence. Mark wanted to know how I had felt about this when I was growing up. I said I felt that their experience in growing up was typical.

In this discussion, several subjects of great interest to the boys came to the fore, including feelings about being foster children, concern for what the leader thought of them, the need to appear manly and sexually adequate, fear of and guilt about sex because of misinformation, and conflicts concerning homosexuality. The leader's responsibility here was to be aware of the subject and, as the group was ready, to help the boys move from generalization to specific instances.

Adults come under attack

One of the subjects that keep recurring in the groups is related to the adolescents' feeling toward the adults who "negotiate" in their lives. They continually attack teachers, foster parents, social workers, and representatives of the agency. These persons apparently serve as constant reminders that they are foster children and expose them as such to the rest of the world.

This attitude toward the adult world is brought out in this report by a leader concerning a meeting of one of the groups of girls. It began when a girl in the group asked the group leader to help her with a problem she had with her foster parents.

> I asked Lydia why she did not ask her caseworker for help with this matter. Lydia replied that she "couldn't stand socia workers." I reminded her that I was a social worker and tha she was asking me to make arrangements for her, although I did not know her situation as well as her caseworker.
>
> At another point, while at least half the girls were trying to talk, I told them that, although I thought that some of wha they had to say about social workers might be true and tha

Woodrow W. Carter is an area supervisor, child welfare, in the Division of Foster Home Care, Bureau of Child Welfare, New York City Department of Social Services. He helped set up the division's first groups for adolescent foster children in the program described in this article and was one of the first group leaders. He received his master's degree in social work from the Hunter College School of Social Work.

---

they had a right to be fighting mad, I wanted them to know that I could not buy all they were saying. I told them I thought something was missing, something that was bothering them. I wanted to know how I differed from other social workers—that is, if they thought I did.

Complete silence followed; the girls seemed shocked. They looked at each other. Dora started the ball rolling again by saying, with emotion, that I didn't go running to her school asking questions and telling the teachers she was "foster." A teacher, she continued, had asked her in front of her class why her name was different from that of her parents. She had felt embarrassed and had tried to whisper to the teacher that she was "foster." She now uses her foster parents' name because it makes things easier for her and because her foster parents prefer it. Babbie said that she felt that to be a foster child is to be nobody; even "your foster mother talks about you as though you were born no good." Tessie said she had heard her foster mother talking critically about her over the phone to her friends.

I then asked whether people really treated them worse when they knew they were foster children. Dora said her teachers treated her better after they knew, but since her classmates had learned about it, they had teased her and called her names that hurt deeply.

This group had been working together for some time, and the girls felt secure with their leader because she had demonstrated her acceptance of and interest in them. She can now use the relationship to apply professional methods the girls might otherwise consider threatening or that could be destructive to them. In the instance just cited, the leader used confrontation as a method to enable the group to move from the general to the specific. Through it, she was able to help them work out painful feelings.

Natural parents cause concern

One of the major subjects these adolescent foster children discuss is their continual concern over their natural parents. The following excerpts from leaders' reports on two meetings are typical of some of these discussions.

Several boys talked about how they felt toward their natural parents. Frank related his remarks to a situation concerning a foster child and his natural mother by telling a story in the third person and acting out the narrative. He laughingly told of knowing a boy who wanted to see his own mother and when he finally did see her he found that she was a "mess"—was drunk, in fact. The son became angry and said to his mother, "Don't you touch me! How could you be my mother?" At this point, Rob said he would have felt sorry for the mother. I said that it was interesting that in the same situation people could feel so differently. "Why did the boy in the story become so angry?" I asked. Frank, speaking in the first person, said that he was so embarrassed he became angry. Rob said that maybe the mother could not get up her courage to see the boy unless she was drunk. "Why?" I asked. Rob said he thought she might feel bad about not being able to take care of him. Frank said there was no excuse; people should not have children if they cannot take care of them.

* * *

Eric said that one of the things that "bugs" him most is to be tagged "foster child" at school. Several of the other boys agreed. I asked how this happened at school. Eric said that at the beginning of the school year the teacher asks your name and that of your parents and when they are different some of the children ask if you are "foster." Gavin said that he tells them that his mother has remarried. Walter said he tells them that his parents are dead. Cliff said that people believe that the parents of foster children were bad and did not want them. I suggested that we talk about this subject. Eric remarked that sometimes parents abandon their children. Gavin said he could remember that there were three children in his family and that their mother had abandoned them. "Do you want to tell us more about it?" I asked. "We were left with a sitter and Mother never came back," he said. He felt that she could not take care of them. Matt mentioned that almost the same thing had happened to him and that he did not want his mother to come back. He later said that he would like to see her, but he would not leave his foster home to live with her.

Eric said that most of them did not know why they were in foster care. Several of the boys indicated that they would like to know more about their histories but were undecided whom to ask—caseworkers or foster parents. Matt said he would prefer the caseworker because it might not be the foster parents' business to know too much about the natural parents.

I then asked them if they thought that their foster parents felt that their natural parents were bad and had not wanted their children. Matt said he did not think his foster parents did. His foster mother had said that he was a foster child because his own mother was not able to take care of him. We then spent some time discussing reasons why parents might be unable to take care of their children and to relating our discussion to some of the misconceptions about parents being bad and not wanting their children. Toward the end of the session, I let them know I recognized the courage it took for them to talk about these matters.

The case material presented in this article points up some of the differences in "own family" situations. In helping the group handle this subject, the leader must act consistently. He must be able to help the child who was a foundling take part in problem-solving with the group with as much support as possible. Yet, he must not be sympathetic to the point of making such a child feel his situation is more unfortunate than those of the children in the group who know their parents' circumstances. At the meeting just cited, the group members worked supportively with one another despite different individual family situations. At the conclusion of the meeting, the leader had corrected some of the misconceptions the adolescents had about why they were in foster care.

Helen U. Phillip believes that the worker should focus his first attention on developing relationships among group members and helping them use their common experience to discover what is uniquely theirs and how to move ahead individually in self-growth and social responsibility.[3]

Insecurity is evident

The group sessions point up the deep insecurity the adolescents feel concerning living with families with whom they have no biological ties. The basic psychological security of a family that the adolescent needs as he struggles for adult independence is often missing in a substitute family.

> **Patti said, "I am a foster child and foster children shouldn't be compared to real children." I [the leader] asked why not. She struggled with herself a few minutes and finally said, "We're just different." I asked the group if they would accept her statement. Marty said she would not because she is well treated in her foster home and does not feel different. Patti said that she was well treated at home, too, so that was not the difference. Bea said the difference is that foster children are phony children and are treated as "phony." Patti said, "The difference is that no matter how hard everyone tries, you're not your mother's child." I let Patti know that I understood her painful feelings and how she wanted to be a "real" child of the foster mother she loves. Patti only said: "That's it, you can't, and you can never forget that you can't."**

The adolescent foster child has difficulty in making the demands on his foster parents that normally characterize adolescent-parent relationships. The constant fear of removal seriously deters adjustment. At one group session, a boy confessed to the leader that he felt "like he was stealing" when he opened the refrigerator in his foster home if he did not have permission. At another, a girl said that her foster mother, in restricting her activities, acted as though she had "a license on her." "That makes me feel like an animal!" she exclaimed.

The unresolved difficult feelings of the adolescent foster child concerning his own family and how his foster family feels about him and his own family vitally affects his family relationship. Under extreme conditions, an adolescent may become completely overwhelmed.

> **Ned said he did not want his foster mother to do anything for him. He rose to his feet and said he hated her and that there is one thing the agency will not be able to make him do—love her. His foster mother condemns his whole family as no good and says he is just like them. He said he often has to lie just to keep things in hand.**

Not a shortcut

Groupwork with adolescent foster children offers no shortcut to an agency. On the contrary, groupwork creates the need for more services. As the group leaders listen to and learn from the adolescent foster children, they gain new insight. This new knowledge has been invaluable to the division in its attempts to match its services to the needs of the adolescents. In many ways, experience indicates a need for change and for improvement in old services and presents a prime reason for the agency to modify policy and procedure.

Through the group discussions, these adolescent foster children bring to the attention of division staff members the difficulties they have in school that they do not bring to the attention of their caseworkers Leaders already know that for many adolescent foster children problems of behavior in school, including truancy, are produced by the frustration of continued failure or low academic achievement These group meetings not only confirmed this assessment, they also strengthened the conviction that remedy was imperative to prevent disaster. The division has expanded its remedial and tutoring services through which many adolescent foster children are receiving academic help to improve low achievement and prevent failure.

Strong feelings against the agency's policy of requiring older adolescent children to secure receipts for haircuts and hairdressings came out in group sessions. As a result, this policy has been changed money for such needs is now included in payments for board made to foster parents. The groups have also influenced the division to take a more practica look at the ways it meets many general needs, especially in regard to allowances for clothing and personal needs.

This service has many positive implications for deeper involvement of adolescent foster children with the agency. The fact that the agency is listening provides the adolescent with a feeling that he now has greater control over conditions that affect his life This carries over to dealing with caseworkers. Often, he adolescents use the group to reach their caseworkrs. In it, they often request their leaders to make heir problems known to their caseworkers.

A greater involvement with the agency by the dolescent foster children who have been in the roups is noticeable in several ways. During the sumner of 1966, when the division conducted a cultural nd recreational program for older adolescent foster hildren, the boys and girls who had been in groups vere more accepting of the program and more likely o request what they wanted from the program than thers. For the past 2 years, for instance, adolescents rom the groups have helped plan the annual Christnas party for teenagers sponsored by the agency. Several group members have asked for individual herapy since taking part in the groups.

The climate of the group, which lends itself to the evelopment of self-confidence in the adolescent and rust in the leader, has definite carryover into life. Through the groups, many adolescent foster children re now able to handle some of their unresolved feelngs concerning their natural parents and, as a result, ave better relations with their foster parents.

For a while, the division was at a loss as to what to o about "confidentiality." From experience, however, the division has learned that many adolescent oster children in the groups request leaders to share nformation and talk with their caseworkers about hem. For the most part, they do not value confideniality between caseworkers and group leaders. If, owever, an adolescent does show that he is conerned about it, the service he needs is provided by vhomever he is more responsive to—the caseworker r the group leader.

Questions and problems arise

A few questions and problems are left for further tudy. As the agency increases the service, the probem of providing communication between caseworkers nd group leaders will need refining. Possibly, a way o exchange information can be worked out on a reglarly planned basis, with special arrangements for mergencies. New staff members would be oriented o the service through their regular training. Suffiient information is now available to make this proedure possible.

The agency must also give further study to the roblem of making the service available at the time he adolescent foster child needs it. They may mean that some groups will be formed more frequently than once a year. Groups could perhaps begin in January as well as in September. If so, many adolescents referred to the group program could be included with less delay. Having groups begin twice a year could also speed up the service.

As to the future, the division hopes to continue its efforts to improve and refine the service. To accomplish this end, the division knows that it will face recurring and new problems. It is considering using a coordinator to handle these aspects and to increase the potential of the staff members who give the service.

This the division knows for sure: to institute group service in a casework-oriented setting requires close teamwork by all staff members of the agency. Without close teamwork, the program will remain a small, isolated demonstration project offering a limited service as projected by those with special interest in it. To involve its entire staff, the division needs to make possible a vital, related, and meaningful service that will evolve as the agency's needs evolve. From the beginning, the division's administrators have supported this program and have planned to extend it to other divisions. The Division of Training continues to work with the Division of Foster Home Care and lends its help in identifying and meeting the training needs of the staff members who work with this service. The consultant on group service has given the program more than expertness; he has shown understanding of the various problems faced by a public welfare agency attempting to increase its services to clients and sensitivity toward its staff members in their struggle to develop skill.

As the Division of Foster Home Care reviews its work with groups of adolescent foster children over the past 4 years, its members are convinced of the value of the program as an essential additional aspect of service. Although staff members recognize that their skill is still limited and needs further development, the division finds the experience rewarding as well as challenging.

---

[1] Braverman, Shirley: The informal peer group as an adjunct to treatment of the adolescent. *Social Casework*, March 1966.

[2] Schwartz, William: Some notes on the use of groups. *In* Social work practice. Columbia University School of Social Work, New York. April 1966.

[3] Phillip, Helen U.: Group services to clients: purpose and process. Child Welfare League of America, New York, 1963.

A UNIVERSITY EXTENSION COURSE

FOR FOSTER PARENTS

MARY REISTROFFER

"For the first time my husband and I *really* understood what being foster parents is all about," one foster mother wrote in evaluating the course for foster family parents she and her husband took last year through the Department of Social Work, University Extension, University of Wisconsin. "The course," she continued, "really made the difference between half-blind groping to find the meaning of foster family care and a clear understanding of what we could do and were expected to do for our foster child." She and her husband are only two of the more than 750 husbands and wives providing foster family care under the supervision of both public and voluntary agencies in the State who between the spring of 1959 and January 1968 took the course. As one of its major goals is to help foster parents reach a better understanding of the task they have taken on with a foster child, this foster mother's words suggest that for her and her husband the course had served its purpose.

"Seed money"

In the spring of 1959, the Division of Children and Youth, Wisconsin State Department of Public Welfare, joined the university and voluntary and public placement agencies in planning an education program for foster parents and set aside Federal funds as "seed money" for the program. The division also sponsored research on the effects of training foster parents undertaken by Joseph Soffen of the university. Conducted along with a course, the research found that the foster parents in the select group studied increased their understanding of the purpose of foster care and their skill as foster parents.[1]

The course was given three times during the first year. The first group of foster parents met for 8 weeks; the second and third, for 16 weeks. In academic year 1960-61, the course was extended to 32 weeks to accommodate Dr. Soffen's research. In the following 2 years, two other courses met for 32 sessions; thereafter, the course sessions numbered 13 the current series.

Between 1961 and 1963, the university offered a parallel program in the form of a series of annual 1-day institutes for foster parents and social work staff members, held in Madison and Milwaukee. The institutes, open to all foster parents in the area, were attended by both course participants and other foster parents. Through the institutes, the university obtained information on the interest of parents in training and some experience with methods, content and organization. After evaluation by the participating agencies, the institutes were dropped in 1963 They were too limited geographically and in other ways to meet the needs of foster parents.

In 1963, after the university had evaluated the experience of the preceding 4 years, the program moved into the experimental phase. The syllabus after evaluation, was stabilized and training for instructors was put on a regular basis, a particularly elling change. Until then, instructors, exercising their academic options, had used methods and contents that were as varied as their skill and experience. In some instances, some had offered the course as group therapy, though therapy was not the intent of the university. In making the change, the university also made a clear statement of policy, still in effect: the course is meant to be educational and developmental, not therapeutic. Changes in attitude and standards in the future would reflect educational not therapeutic needs. The intention of the course is not to make the foster parent fit a model but, rather, to develop his capacity for acting as a parent. The choice of accepting or rejecting new ideas is clearly his. The foster parent is *an extension of the agency's staff* and has the rights of a staff member: he is not an *agency client*.

Content and instruction

The content of the course includes material concerning the basic needs of a child, the stages of a child's development from infancy through adolescence, the placement process and the roles of those involved, the rights of the natural parents of a foster child, the foster parents' relations with the agency, and the agency's expectations for the placement. The methods used include group discussions, lectures by the instructor and by specialists as guest speakers, films, and sessions given to problem-solving and role-playing. A display in the classroom of paperback books and pamphlets encourages participants to read outside of class. There are no examinations or assignments. Participants who complete the course receive certificates.

Instructors are obtained from the university and from social agencies with experience in foster care (most come from the agencies, and they add good illustrations from their experience to the formal content of the course). Before taking up their first teaching assignment, they participate in a training workshop for instructors conducted by faculty members of the University Extension. Although instructors are carefully selected, trained, and assigned, the university has only a few fixed requirements. Most instructors have degrees in social work, psychology, or education; direct experience with child-placement practice; and no past or present connection with the course participants. Each respects the foster parents and sees the contribution that these people can make to the well-being of a child. All are skillful professional men and women—warm, approachable, and resourceful human beings.

The agency recruits, selects, and prepares foster parents for the course and pays the registration fees and the incidental costs of transportation, parking, and babysitters. The selection process is not rigid, and it may vary from agency to agency. The university has no set standards for the selection of foster parents, though it has drawn up guidelines. It is easy, of course, to exclude from selection those foster parents who can least use a course productively; for instance, those in the midst of or just over a personal crisis, those soon to be "closed out" as foster parents, and those caring for infants or children in therapy (many of whom could, of course, benefit from courses focusing on their particular needs). Since foster parents take the course voluntarily, the agency by necessity discusses the course with and explains it to the parents before they enroll. To make the interpretation easier, the university provides the agencies with a printed description of the course for distribution to likely recruits.

Some class groups include only foster parents from one agency; others, parents from several. The university has found that multiagency registration is preferable because including foster parents from several agencies in one course rules out the insularity that can occur when all parents are from one agency. Whether a class group has foster parents from the caseloads of as few as two caseworkers or as many as 10 is left to the discretion of the agency's staff. No effort is made to constitute the groups by "common denominators" such as the ages of the children in placement or the education of the foster parents. The differences place no burden on the participants, though they may tax the instructor by making it necessary for him to carefully reduce complicated ideas to clear, precise, and appropriate language at the level of the least educated parents.

"Before" and "after" meetings

An integral part of the course design is the precourse and postcourse meetings between members of the staffs of the agencies and the instructors. These meetings are imperative for organization and orderly cooperation.

The precourse meeting permits a full discussion of the content, methods, and instructor's point of view. For the staff member, it relieves anxiety by pointing up what to anticipate from the instructor and sets up a line of communication between him and staff members should anything unexpected occur during the course. For his part, the instructor learns why he has been cautioned to watch for any action that might drive a wedge between the agency and the foster parents. And, finally, the precourse meeting gives the agency's staff an opportunity to discuss the backgrounds of the parents selected.

The postcourse meeting builds on the information received at the precourse meeting. It furnishes "feedback" to the instructor and the university and supplements the unsigned evaluations submitted by the participants at the end of the course. The results of the postcourse meeting and the evaluations by the foster parents are considered when plans are made for subsequent courses. The 1-day institutes held in 1961, 1962, and 1963 were valuable because they supported and recognized the foster parents and improved communication between them and the agency. But, because they were so brief, they may have only entrenched and reinforced the information and ideas the program sought to open to examination.

Classes are always held in the evening to accommodate the foster fathers. Both foster parents are expected to enroll and attend, but a single registration is possible under certain circumstances such as a one-parent home, the serious illness of one parent, or the unavailability of a parent doing shift work. The university's experience with the course supports its position on attendance: both parents should attend. Classes are held on "neutral ground"—that is, in a place away from the agency's premises but convenient to the parents. Providing convenient services is important in working with parents who see the agency's control as authoritative.

Each class enrolls from 20 to 30 parents. The minimum enrollment is ideal because it affords the greatest opportunity for discussion and informality.

The situation today

In the last three semesters, 14 groups of foster parents attended classes, three of which were experiments. These were offered in seven locations in Wisconsin, including LaCrosse, River Falls, Milwaukee, Superior, Madison, Fond du Lac, and Washburn. The experimental classes included an advanced course for two groups of parents who had completed the original course and the original course for a group of parents approved for placement but not yet caring for foster children. The advanced course was designed to broaden and synthesize the original course and to identify foster parents having potential for providing "specialized care" or foster group care. It offered content omitted from the original course such as discussion of psychological testing. The preplacement experimental course was undertaken to determine if the basic course could be offered as an adjunct to study and as a preparation for placement.

Mary Reistroffer is an assistant professor and a coordinator of child-care curriculum in the Department of Social Work, University Extension, University of Wisconsin. Before taking up her present position, she worked for 7 years on the staff of the Children's Home and Aid Society, Chicago, Ill. She is a graduate of the Loyola University School of Social Work.

The curriculum is being evaluated by a group of experienced instructors and social work practitioners who serve as consultants to the university on curriculum development and expansion. Their exploratory discussions suggest that the basic course combined with an intensified study at intake could improve and expedite placement with acceptable foster parents. During the study process, the anxiety of the parents lessens and their relation with the agency improves; in time, they find they can more easily identify themselves with the agency's purpose and can more easily come to grips with the agency's expectations. Because of the course, the agency has a greater tendency to evaluate parents more thoroughly, to plan more selectively, and to emphasize definite characteristics, rather than availability.

The first discussions of the results of the advanced course suggest that great care and further experimentation are in order. Although the participants were enthusiastic, some professional staff members found the classes disruptive. This was particularly true when parents were as informed, articulate, educated, and mature as their caseworkers, or more so. This was especially apparent if the caseworkers were newly trained and inexperienced in practice. This course made obvious the need to recruit and to select participants and instructors carefully and to continue the experimentation.

Over the years, the instructors, accepting the foster parents as extensions of the staff, have grown more practical and direct in discussing agency expectations. The instructors, for example, have openly discussed parent activities and comments that are particularly harmful to the child placed in foster care. For want of better terms, these comments and activities are called "blackmail" (threats of removal or summoning the caseworker), "attacks on the natural family" (direct and subtle attacks on the child's own family), and "ultimatums" (demands for "crash" replacements). Some foster parents will continue to act in such harmful and irresponsible ways under provocation, but most parents understand the harm such acts can do and exercise control.

This type of curriculum can be used also to encourage and to lead foster parents to form foster parent groups to help each other. There are at least five such groups in Wisconsin; past course participants are the nuclei of four of them. Even casual discussions with these groups indicate their members are seeking to give each other support and to explore common interests, not to find ways to negotiate items such as board rates with their agencies.

Although a precise measurement of the effectiveness of the program is not yet complete, a survey of the opinions of the staff members of the agencies involved and of the unsigned evaluations completed by participants suggests that the goals set at the start and still in effect have been realized. Agency staff members report better communication between the foster parents and the agency, fewer crises, and evidence of the ability of parents to work more independently than before. Typically, staff members say that now there is "less tension," "more accurate reporting and discussion," and "better control in contacts with natural parents."

Other results show in the action of the foster parents. For example, one couple, before they took the course, would only accept infants, though the agency encouraged them to take older, "more involved" children. After taking the course, they decided that they had been frightened away from taking older children because the recruitment literature used the words "disturbed" and "upset" in describing available children, but that they now had lost their fear and would like to be considered for older children. For the last 3 years they have been excellent foster parents to two "very upset" older children with minimum supervision and direction. Another couple, the parents of five small children, had been putting pressure on an agency to consider them for a foster child. Because their own children were so young and the needs of the children so great, the agency was reluctant to consider their application. The couple heard of the course and asked to take it. The agency arranged with the university to make an exception in their case, and they were enrolled. When they had completed the course, they told the agency that, although they had learned much that would be helpful to them in rearing their own young children, they were withdrawing their request for a foster child because they now knew it would be "unfair" to rear a foster child in their circumstances.

These two cases illustrate exceptions, but they do point out that exceptions are possible and sometimes desirable.

The comment, "For the first time my husband and I *really* understood what being foster parents is all about," cited at the beginning of this article, is typical of the comments of foster parents who evaluate the course. Others have said, "I am more tolerant now," or "I understand myself and the child better now." One foster parent summed up her feelings about foster-home care and the course in free verse:

We have a heartbreaking task—
Our relatives say: "Don't accept any more children."
Our colleagues say: "There is nothing you can do . . ."
Our neighbors say: "Oh, well, they are just county kids."
Our caseworkers say: "You knew that when you started . . ."
And we say: "We *can* build a better future for the children in our care."

---

[1] Soffen, Joseph: The impact of a group educational program for foster parents. *Child Welfare,* May 1962.

We can neither predetermine the future nor hold to the past as it slips away from us. We can only solve the problems of our own day as they continuously assault us. This is the rule and challenge of life itself.

Elizabeth Wickenden, Technical Consultant on Public Social Policy, National Social Welfare Assembly, to the 1965 forum of the National Conference on Social Welfare.

a special conference on FOSTER CARE FOR CHILDREN

BEATRICE L. GARRETT

Specialist on Foster Family Care
Children's Bureau

Many crucial questions were asked but few were answered during the Special Conference on Foster Care of Children held in New Orleans on October 29–November 1, 1967, by the Child Welfare League of America (CWLA). Yet the conference did widen the horizons and perspectives of the participants. Most of these 250 invited participants were social workers from the largest public and voluntary foster-care agencies in the United States and Canada. However, they also included teachers from schools of social work, psychiatrists, psychologists, pediatricians, and lawyers. CWLA held the conference with a grant from the New York Fund for Children as part of a National Project to Provide for a Comprehensive Examination of Foster Care Service (a project supported by a grant from the Federal Children's Bureau).

General speakers

Five general and eight technical sessions were held. The principal speakers included Marvin E. Sussman, chairman, department of sociology, Western Reserve University; Halbert Robinson, director, Child Development Research Institute, University of North Carolina; Ralph W. Colvin, director of research, CWLA; and Martin Rein, associate professor, Carola Woerishoffer Graduate Department of Social Work and Social Research, Bryn Mawr College.

Dr. Sussman emphasized the "interconnectedness" of children-in-placement and socioeconomic conditions. Divorce, he said, is highest among the laboring class, the family system is "not going out of style," and the American "kinship system" continues to provide emotional and economic support for socializing each member of the family. However, the degree to which the family can handle bureaucratic systems is not clear. Poor housing, unemployment, inadequate mental and physical health facilities, and other conditions of poverty work against the family. Public assistance grants hardly above the starvation level are a major cause of family breakdown. The poor can rarely get help at the first sign of breakdown.

Social work, Dr. Sussman continued, has regarded clients as basically neurotic and in need of counseling and guidance and has not looked squarely at the effects of unemployment, racial discrimination, poor education, and inadequate neighborhood services. Urbanization is separating people sharply by income, race, and ethnic origin and destroying the understanding necessary to move the public to provide the services people in the ghettos need. Inadequate health services mean that many mothers receive no prenatal care and that many children never see a dentist. The "scandal" of our unhealthy children has significance for foster care.

Another significant socioeconomic phenomenon is the increasing number of married women who work, particularly between the ages of 45 and 54, Dr. Sussman said. Many might be interested in being foster parents as a "career." Women from the poor may have advantage over women from the middle class because they do not have to overcome the "incongruity of cultures." To make child care a real service "career," we must expand training programs for foster parents, pay good salaries, and provide opportunities for satisfaction.

In many States, Dr. Sussman maintained, the ways foster family care and institutional facilities are used differ widely because use is based on what is available, not on needs, and because natural parents are not involved to the extent necessary. Research on how to improve practice is necessary.

Dr. Sussman said in conclusion that foster care serves thousands of children as an "extremely necessary alternative to otherwise anemic, deprived, and disorganized lives."

Dr. Robinson stated that the United States has lost ground in trying to provide excellent health care and education for all its children. Our society has failed to devise successful ways of meeting the needs of children because it overemphasizes the role of the family in nurturing children and does not understand the importance of a good community environment in rearing children, particularly young children. The most successful families tend to be those that make the best use of community facilities and services.

Technology and specialization increasingly fragment services for families, Dr. Robinson said. Parents need resources in their neighborhoods to supplement their child-rearing resources.

Dr. Robinson also said that babies and toddlers can benefit from a wide range of experience outside the immediate family. They need experience that challenges their minds and stimulates their cognitive as well as their emotional and social growth.

Dr. Robinson concluded that the crisis in foster care cannot be resolved by acquiring more professional staff members (although this is important) but by "politicalizing" those groups most directly affected. He suggested that an aggressive child rights movement be started, founded on the principle of entitlement and having the motto of "reorganization, resources, and rights."

At one general session, foster parents and child-care workers representing foster parent associations described their experience with foster-care agencies. Their accounts tended to confirm the principles that services improve when agencies work with foster parents and child-care workers as valued staff members and that foster parents and child-care workers can influence the community and can help agencies recruit and train new foster parents, child-care workers, and beginning social workers.

Dr. Rein described a framework in which to consider the present system of delivering social services and its mean ng for foster care. He reviewed the problems of duplication, overlapping, and fragmentation in providing foster-care services, and he illustrated how the broad socioeconomic aspects of society affect what can be done in the foster-care system. When income is not redistributed and where social action is limited, inadequate service and underutilization of services result.

Reports on research

Ralph W. Colvin reported on the preliminary findings of a study of 1,600 children for whom requests for foster care were made in a 3-month period in 100 agencies in seven cities. The principal findings included these: the main reasons given for the request for foster care were parental neglect, unmarried status, abandonment, and disturbed behavior in the child. Half of the children were from disturbed families. In all, 36 percent were placed: of those placed, 90 percent were living with both parents at the time and half of them might have remained in their own homes if family income and housing had been adequate or homemaker and day-care services available. There were more requests for service where good services were readily available.

Other research was reported on by Sister Mary Emmanuel, associate director, Child Welfare Center for Urban Studies, University of Chicago, and David Fanshel, associate professor, Columbia University School of Social Work.

Sister Emmanuel, reporting on a comprehensive national study the center conducted in 1966, said 193,500 children were in 2,554 institutions for child care in the United States; 108,000 were in public institutions; and as many as 32 percent of the institutions had fewer than 50 children.

Dr. Fanshel reported on a study of 624 children in New York City who entered foster care in 1966. The study indicated that Negro and Puerto Rican children were more often placed because of family problems; other children, because of personal problems. Almost half came from families receiving public assistance.

Technical sessions

The material from the general sessions, a specially prepared paper on "Foster Parenting: An Integrative Review of the Literature," by Delores A. Taylor and Philip Starr (*Child Welfare*, July 1967), and practice papers prepared by the Commission on Foster Care Practice were used as background information and for discussion during the eight technical sessions. Leaders at the sessions included instructors in social work and law, psychiatrists, a pediatrician, and a specialist on manpower. The subjects included these:

- The role of foster parents.
- Using parental potential.
- The rights of children, parents, and agencies in foster care.
- Patterns of foster care and services.
- Who gets placed and how.
- Manpower and its management.
- The effects of educational, medical, and psychiatric programs on the foster child.
- Psychological costs in foster care.

Summary of major points

Joseph H. Reid, executive director of CWLA, summarized the major points brought out in the conference. He said that the consensus of the conference was that one reason for the gap between goals and performance is the lack of Federal funds for foster-care programs. It is essential that the Federal Government provide funds on the same basis for foster care as for public assistance.

The major conclusions of the conference, as stated by Mr. Reid, included the following:

- Foster parents should be employed as full-time, salaried members of the agency's staff.
- Better use should be made of persons already in the foster-care system by helping them to improve their competence through training. Experienced foster parents should be used to help recruit and train new foster parents and orient new social workers.
- Agencies should help form or strengthen associations of foster parents.
- A system of dual guardianship should be set up through which a person in the community is appointed as a guardian for each child in the custody of an agency to safeguard his rights and to stimulate the interest of public officials and inform the community of the needs of children in foster care.
- Child welfare agencies in each com-

CHILDREN IN FOSTER CARE

During the Special Conference on Foster Care of Children held in New Orleans on October 29–November 1, 1967, by the Child Welfare League of America, Marvin E. Sussman, chairman, department of sociology, Western Reserve University, quoted these statistics.

In 1965, about 287,200 children in the United States were in foster care: 207,800, in foster family homes; 79,400, in institutions for neglected and dependent children (a ratio of 2½ to 1). If the trend continues at the same rate and pace as in the years 1961 through 1965, the number of children in foster care will rise 27 percent by 1975, or about 2 percent each year. The 1965 rate was 4 children per 1,000; in 1975, the rate will be 4.7 per 1,000. During the same years, care has shifted from institutional to foster and from voluntary to public agencies, a trend also expected to continue.[1]

In 1958, about a third of the children in institutional care still lived in "custodial" institutions. Half of those in institutions are over 15 years of age; 5 percent are under 5 years of age. Although only 13 percent of the Nation's children are nonwhite, 20 percent of the children in institutions were nonwhite. Of the 4,281 children in foster homes, more than a third had been moved two or three times; about a fourth had been moved four or more times. The children were most often placed in foster care because of mental and physical illness in parents, poor housing, and insufficient family income.[2]

---

[1] Low, S.: Foster care of children: major national trends and prospects. U.S. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. 1966. (Multilith.)

[2] Maas, H. S.; Engler, R. E., Jr.: Children in need of parents. Columbia University Press, New York. 1959.

munity should be brought together more effectively to end multiple referrals by setting up a central point for intake and neighborhood centers.

- Proof should be required that all lesser means to give the child the care he needs have been tried unsuccessfully before placement in foster care is prescribed.

Mr. Reid stressed the need to counterbalance the negative image of foster care with presentations of the positive value it has or can have for children.

At the end of his summary, Mr. Reid pointed out that the responsibility for providing services for children and their families rests on the community as a whole, not just on social workers. Many children *do* need foster care, and the kind of help they need should be provided by choice not by chance.

Though the conference brought few answers, it gave many administrators and practitioners deeply concerned over foster care an opportunity to think about ways to change, improve, and extend their services. Above all, every participant seemed to leave with a reinforced feeling of commitment to improving the foster-care system to more nearly meet the needs of children and their families in the decade ahead. (All papers were mailed to the participants by January 1, 1968, and a report of the conference will be published by CWLA about May 1, 1968.)

BOOK NOTES

SUBSTITUTE PARENTS: training the profoundly retarded patient for return to the community. Ruthanna Penny. Charles C Thomas, Springfield, Ill. 1967. 97 pp. $5.75.

The "ward nursing staff" of an institution for profoundly retarded patients are the "substitute parents" to whom this book is addressed. For them, the author describes ways to help even the most profoundly retarded patient make the most of his ability, and she urges nursing people to make every effort to help a patient sit, crawl, and walk. A training program for patients, she maintains, should be aimed at self-care, self-expression, social and emotional adjustment, and diversified activities. Communication is the cornerstone of therapy, she points out, be it by word, expression, or gesture, and "substitute parents" should speak to patients frequently.

The author also describes ways to prepare children for return to their homes or for placement in foster homes through a one-to-one relationship with a worker and group sessions. She includes suggestions for training prospective foster parents for profoundly retarded children.

DON'T DISTURB DADDY. Grace Connor. Branden Press, Boston, Mass. 1967. 178 pp. $4.75.

What happened when three adopted older children (aged 9, 8, and 3) from one family came into the lives of a "proper" older couple is the central theme of this book written and illustrated by the adoptive mother. In it, she describes the experience she and her husband had with adoption agencies; the day-to-day problems the children presented; and the challenges she and her husband had to meet in understanding and guiding their adopted children.

In telling her "true story," the author describes the adoption process and makes a strong plea for couples wanting to adopt children to consider older children.

THE BRAIN-INJURED CHILD IN HOME, SCHOOL, AND COMMUNITY. William M. Cruickshank. Syracuse University Press, Syracuse, N.Y. 1967. 294 pp. $6.50.

Addressed to the parents and teachers of children with brain damage, this book discusses the symptoms of minimal brain damage in children, recommends diagnostic and treatment procedures, and describes effective classroom and home methods for handling brain-injured children.

The author maintains that the brain-injured child is often caught in a self-perpetuating cycle of failure and censure: because he does not understand what adults expect of him, he reacts to criticism of "misbehavior" in ways adults will not accept and therefore he is censured further. The cycle may go on and on, for the problems of the brain-injured child often go unrecognized, according to the author. He makes a strong plea for meeting the great need for accurate diagnosis of brain injury and for special treatment at home for such a child.

The book includes an appendix listing national, State, and local organizations interested in the welfare of the brain-injured child.

LIVING POOR: a participant-observer study of choices and priorities. Camille Jeffers. Introduction by Hylan Lewis. Ann Arbor Publishers, Ann Arbor, Mich. 1967. 123 pp. $2.

"Living Poor" is, to a point, a literal title. The author lived for a year in a public housing project in Washington, D.C., as the head of a household while working with a study of child-rearing practices among low-income families. In this book, she reports on what she discovered about her neighbors as she mingled with them at night and on weekends.

Most of the mothers she got to know (she found it hard to get to know their husbands) had to struggle to provide enough food and clothing for their children. The housing was adequate but some of its features such as cupboards and linen closets only served to remind the occupants of their poverty.

The mothers, she found, often coped with problems in ways she found hard to accept at first but which she came to respect. Most mothers thought of themselves as good parents, or, at least, as better parents than their own had been. They respected and wanted "competence" as parents.

As she got to know the mothers bet-er, the author found they had little fun." Her talking with them, sharing their activities, and giving them a little advice seemed to help them overcome a little of their loneliness, she believes.

THE FOURTH R: a return to learning for sidetracked adolescents. Robert B. Heinemann and Marilyn Bernstein. Beacon Press, Boston, Mass. 1967. 212 pp. $6.

Frustration and failure marked the more than 100 adolescent students who were seen by the Remedial Scholastic Services (RSS) of Cambridge, Mass., a special school, during its first 6 years, according to the authors of this account of those years. Rejected by their schools as incorrigible or "psychological," the students had done poor schoolwork, the authors maintain, because they could not "disentangle emotional difficulties from academic life."

RSS tried to convince students that their school had not conspired against them. Reading received first attention, and, in a chapter called "Reading Is War," the authors describe how RSS teachers tried to foster free discussion of issues close to the students' problems from material they were reading in class.

The authors maintain that RSS is seeking effective countermeasures to the "dronelike" building of skill and "subhuman" training for efficiency they believe many students face in today's schools.

COLIN—A NORMAL CHILD: a study of normal personality through projective and activity techniques. Volume II of "Personality of Young Children." Lois Barclay Murphy. Basic Books, Inc., New York. 1967. 267 pp. $2.95 (paperback).

For the 3 years Colin, a "normal" child, attended the nursery school at Sarah Lawrence College, Bronxville, N.Y., he was observed by the author of this study and her research group. Her book reports on what they saw, how Colin's teachers saw him, and how Colin "revealed himself" through tests and experiments. But, the author says, for the most part Colin speaks for himself.

In one section, the author discusses the meaning of Colin's fantasy and behavior, anxiety, aggressiveness, creativity, and spontaneity and describes the way in which his ego was developing. She saw Colin as a little boy strongly driven by an urge to conquer threats and to become somebody.

"Children like Colin," she concludes, "ask us to make new efforts to formulate the larger meanings of drives to growth and to integration, within which specific instincts and needs to conform are only partial expressions."

TWINS AND SUPERTWINS. Amram Scheinfeld. J. B. Lippincott Co., Philadelphia, Pa. 1967. 292 pp. $6.95.

"Have twins," the author of this book about children born of multiple births advises any "lonely couple" because, he contends, twins always attract attention.

Based on information obtained from years of research on twins and "supertwins"—his term for more than two children born of one pregnancy—the author discusses many aspects of "twinship," including the differences among the three types of twins (fraternal, identical, and mixed sex) and the physical, psychological, and medical problems "twinship" presents. Throughout the book, he emphasizes the importance of letting each twin develop according to his own capacity. He points out that, though a child often enjoys the psychological advantages of being a twin, each twin struggles to be considered a separate human being. His advice to parents rests on this theme: give "twinship" the importance the facts warrant but let each child develop as an individual.

BEHAVIOUR PROBLEMS AMONGST CHILDREN WITH CEREBRAL PALSY. Maureen Oswin. The Williams & Wilkins Co., Baltimore, Md. 1967. 93 pp. $4.85.

Problem behavior in a child with cerebral palsy is caused by the handicap itself and by the environment, according to the author of this study of the behavior of the child with cerebral palsy. For this reason, she maintains, a "good stable environment" at home and at school is important for the well-being of a child so afflicted.

The principles of education applying to the normal child also apply to the child with cerebral palsy, the author points out. However, she says, the teacher must be particularly alert to consistency with the afflicted child and must handle each problem in behavior individually. Discipline should be aimed at helping the child, not at punishing him.

The topics the author discusses in relation to children with cerebral palsy include the background, the problem, the causes and consequences, and some solutions for the school.

ADMINISTERING CLASSES FOR THE RETARDED: what kinds of principals and supervisors are needed? Bernice B. Baumgartner and Katherine D. Lynch. The John Day Co., New York. 1967. 192 pp. $3.95.

Addressed to school administrators and others involved in special education programs, this book offers advice and suggestions for providing complete school programs for mentally retarded children that lead to gainful employment. The authors discuss ways of recognizing the retarded; the content of an effective curriculum; the appropriate school environment for them; ways of working with parents; the roles of administrators, teachers, and other school officials; and the coordination of educational and community activities for the retarded.

A SYMPOSIUM ON THE CHILD: selected essays presented on the occasion of the 75th anniversary of the Johns Hopkins Hospital and the dedication of the Children's Medical and Surgical Center, May 14–15, 1964. Edited by John A. Askin, M.D., Robert E. Cooke, M.D., and J. Alex Haller, Jr., M.D. The Johns Hopkins Press, Baltimore, Md. 1967. 376 pp. $10.

The 23 papers in this book are focused on both historical and recent developments in pediatric medicine and surgery. Among other recent developments, they report on advances in heart surgery, tissue and organ transplantation, hypothermia, and surgical correction of defects associated with cerebral palsy; clinical observations of such conditions in children as esophageal disorders, communication disorders, pulmonary hypertension in infancy; and the biologic aspects of prematurity. Papers on infant feeding, nutrition, the mentally retarded, and a history of the Harriet Lane Home, the focus of the Johns Hopkins' pediatric department since 1912, are presented from a historical viewpoint.

HERE and THERE

For rural young people

"The challenge . . . is to provide every citizen, and especially the young ones, no matter where they live, with a full measure of opportunity and . . . of choice."

The speaker was Vice President Hubert H. Humphrey. The occasion was the opening session of the 4-day first National Outlook Conference on Rural Youth, held in Washington, D.C., late last October at the call of six Federal agencies having programs serving young people in rural areas. His listeners were about 600 adult leaders of programs for young people in rural areas and about 75 young people representative of the nearly 16 million young people who live in rural America. Participants came from every State, Puerto Rico, and the Virgin Islands. The sponsors were the Department of Agriculture; Department of Health, Education, and Welfare; Department of the Interior; Department of Labor; Office of Economic Opportunity; and the President's Council on Youth Opportunity.

Mr. Humphrey's words echoed throughout the conference sessions. Participants, in considering the opportunities for education, health, housing, employment, and cultural activities available to young people in rural areas, agreed that the problems of young people in rural areas are not really different from those of young people in urban areas. Both need the best possible schools, health programs, housing, and opportunities for jobs and cultural activities. But, many noted, those in rural areas are being even more shortchanged than those in urban areas. Others pointed out that young people will stay on farms and in small towns if their communities offer them all they need for satisfying lives. Still others maintained that young people in rural areas must be prepared for life in a new environment since many of them will move to cities.

A fact book prepared by the Department of Agriculture with the help of the other sponsors was used as a resource by the participants. (Copies of the publication, "Age of Transition: Rural Youth in a Changing Society," are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, for 75 cents a copy.) It was prepared not only for the use at the conference but also as a "tool for State, county, and community groups in conducting similar conferences."

Adoption

Adoption is feasible for many of the retarded children who need permanent homes and agencies should make every effort to bring it about. This was the major conclusion of the 30 representatives of public and voluntary agencies from seven Southeastern States (Georgia, Florida, Alabama, Mississippi, South Carolina, Tennessee, and Kentucky) who met at a 2-day conference on retardation and adoption at Stone Mountain, Ga., last September. The conference was called by the Region IV office of the Federal Children's Bureau, which serves all of these States except Kentucky.

At a general meeting, representatives of the welfare departments of Kentucky and Florida described programs in their States aimed at bringing about the adoption of retarded children. By describing their experience and observations to participants, pediatricians, psychologists, and social workers associated with the agencies represented or consultants to the conference supported the need for and feasibility of adoption for retarded children.

At the end of the conference, participants said that it had spurred them to give greater time and effort to finding and developing adoptive homes for retarded children.

. . .

Adoptive parents in Massachusetts are due for a tax break. By a law effective on December 31, 1967, adoptive parents may now deduct the cost of the "coming" of the child from their State income taxes. This means that fees, in excess of 3 percent of business income paid to any agency licensed to place children for adoption may now be deducted from taxable income. The State already allows natural parents to deduct the cost of the birth of a child.

Other recent changes in Massachusetts State law affecting adoptive children includes these:

- A child adopted outside of Massachusetts now has full inheritance rights from his adoptive parents.
- An adopted child no longer inherits from his natural parents or other relations unless named in their will.
- An adopted child will now pay an inheritance tax on property inherited from his "adoptive" grandparents at the same rate as natural grandchildren, 1¼ percent (the rate had been 7½ percent).

. . .

The idea that adoption agencies reject more applicants than they accep proved to be unfounded according t a recent study of adoption practices in eight agencies—three public and five private—in an eastern metropolitan area. The study, carried out by the Child Welfare League of America with a research grant from the Children's Bureau, found that of 400 couples who applied and who had had at least one interview 54 percent were accepted, 2 percent were rejected, and 6 percen were considered poor prospects. Anothe 13 percent withdrew their application though considered good prospects.

The study was based on the response of caseworkers to a questionnaire and was focused on the criteria used in making decisions on the suitability of couples to be adoptive parents.

Although responses varied among the agencies, on the whole they showed the following:

- The ages of the applicants accepted ranged from 20 to 50 years, the median being in the early thirties.
- The proportion of couples accepted among Negro applicants was smaller than among white applicants.
- The proportion of couples who withdrew after being judged good adoptive prospects was smaller among Negro applicants than among white applicants.
- There was no significant difference among the three major religious groups in the proportion of applicants accepted.
- The rate of rejection was higher when husbands and wives were of different religions.
- The median education among couples accepted was for husbands "college, not completed" and for wives "high school graduate."
- The median income of couples accepted was $8,600.
- The median length of time the couples had been married was 8 years.
- A greater proportion of couples were accepted who already had an adopted child than those who did not.
- Couples with medical indications of being unlikely to have children had a greater rate of acceptance than others.
- Caseworkers tended to rate parents as psychologically sound on openness, "empathy" with unmarried mothers, comfort with the idea of revealing the adoption status to the child, good marital relations, and an outgoing personality in the wife.
- Caseworkers tended to rate couples considered psychologically sound as suitable for the normal child and couples considered "marginal" as suitable for the deviant child.

A report on the study, "An Exploration of Caseworkers' Perceptions of Adoptive Applicants," by Trudy Bradley, is available from the Child Welfare League of America, Inc., 44 East 23d Street, New York, N.Y. 10010. (Price $3.60.)

Smoking and health

Discouraging young people from taking up cigarette smoking is one of the major tasks of the new 11-member Task Force for Smoking and Health recently appointed by the Surgeon General of the U.S. Public Health Service. Made up of leaders from the fields of medicine, education, and business, the task force will, in general, consider additional steps that can be taken by government, private agencies, and individual citizens to reduce the hazards to health from cigarette smoking.

The task force will study and make recommendations concerning four major aspects: preventive education; increasing the influence of physicians in dealing with smoking; group methods of dealing with the problem of smoking; and increasing the effectiveness of mass media in alerting the public to the dangers to health from smoking cigarettes. It will complement and build on the findings of the Task Force on Lung Cancer appointed last year in compliance with a directive from President Johnson.

The Public Health Service estimates that a million young people take up the habit of smoking cigarettes each year.

Federal legislation

On October 3, President Johnson signed into law the Vocational Rehabilitation Amendments of 1967. The new law authorizes these changes in the previous law:

- Increases in and extension of appropriations for grants to States for vocational rehabilitation services from $400 million for fiscal year 1968 to $500 million for fiscal 1969 and $600 million for fiscal 1970.
- Extension of appropriations for grants to States to plan for development of comprehensive vocational rehabilitation programs through fiscal year 1969.
- The establishment and operation of a National Center for Deaf-Blind Youths and Adults to demonstrate methods of providing rehabilitative services to deaf-blind persons and of training professional and other workers to provide such services and persons who have been or will be working with the deaf-blind; to conduct research in the problems of rehabilitating the deaf-blind and ways of meeting these problems; and to assist in conducting related activities that will expand or improve services for the deaf-blind or help improve public understanding of their problems.
- The setting up of a program of grants to State or local agencies for pilot or demonstration projects to provide vocational rehabilitation services to handicapped persons who are migratory agricultural workers and to members of their families, whether or not they are handicapped, who are with them. Such grants (not to exceed 90 percent of the cost of the project) shall include payments for maintenance and transportation of such persons and members of their families if necessary to the rehabilitation of the deaf-blind person.
- The cancellation of State residence requirements that prevent a person from receiving vocational rehabilitation services, effective July 1, 1969.
- Provision for the allocation of matching Federal funds to the District of Columbia for vocational rehabilitation services, effective July 1, 1968.

• • •

Appropriations made by the Congress for the Department of Health, Education, and Welfare for fiscal year ending June 30, 1968, included $235,600,000 for programs of the Children's Bureau. The funds were appropriated as follows: $50 million for maternal and child health services, of which $4,750,000 was earmarked for projects for mentally retarded children; $50 million for crippled children's services, of which $3,750,000 was earmarked for projects serving crippled children who are mentally retarded; $46 million for child welfare services; $9,700,000 for research, training, or demonstration projects in child welfare; $30 million for special project grants for maternity and infant care; $37 million for project grants for comprehensive health services for children and youth; $7 million for training professional workers for health and related care of children; $5,900,000 for research projects on maternal and child health and crippled children's services. In addition, $6,151,000 was appropriated for salaries and expenses.

Salute to foster parents

New York City paid tribute to its 8,000 foster families in November through a foster family week. During the week, eight foster-care couples from Queens, the Bronx, Brooklyn, and Nassau County, selected as representative of the others, were guests of honor at a luncheon. Radio and television stations carried special programs and newspapers printed special articles about foster families and foster care.

"Salute to Foster Family Week" was sponsored by the Interagency Committee to Honor Foster Families, which is part of the Community Council of Greater New York and represents eight sectarian and nonsectarian child welfare agencies in the area.

The committee estimated that 15,000 children were in foster care in the area and that more than 2,000 other children needed foster homes. During the week before the special week, the committee's 24-hour telephone service to handle inquiries from persons wanting information on how to become foster parents received more than 800 calls. About half of them were from Spanish-speaking families.

Effects of busing

Most Negro mothers in the Roxbury section of Boston who had their children in grades one through six bused to schools outside their neighborhood in the first year of Operation Exodus (1965–66) believe that their children benefited both educationally and socially from the experience, according to a report recently published by Teachers College, Columbia University. Operation Exodus, a privately operated program, was organized in 1965 by Negro parents in Roxbury to obtain "quality education" for their children in kindergarten through junior high school by busing them to predominantly white schools in other sections of the city. (Though it has an open enrollment policy, the city school system provides no transportation.) Ten parents, especially trained, interviewed 103 mothers of 221 children who had been bused about their motivations and the family's experience in the program's first year.

The mothers' responses turned up these findings:

Most of them, 73.8 percent, had helped set up the program or had heard about it from friends.

Eighty-six percent had their children bused because they wanted to give them better education; 7 percent, to have them attend integrated schools; 7 percent did not respond to this question.

Eighty mothers had previously participated in community educational or civil rights activities.

Most mothers were satisfied with their children's school performance—58 percent said they had done better work than the year before; 34 percent said about the same. Only 8 percent said "poorer." A majority of the mothers also reported that their children's attendance was good and that the new schools gave more homework and used fewer substitute teachers than the schools in Roxbury.

Only 23.9 percent of the children had met a substantial amount of prejudice; 54.7 percent, "none"; 21.4 percent, "a little," according to the mothers. (Twenty-nine mothers did not respond.)

The younger children, however, fared better than the older, according to the mothers. The children in the first three grades had met less prejudice, had more white friends, and had done better in school than those in the last three. About 91 percent of the 103 mothers were in favor of busing children in the first three grades, the majority without reservations. Of those opposed, most had no children in these grades.

Over 93 percent of the mothers and, according to the mothers, 94.5 percent of the children were satisfied with the busing program. (In 4.1 percent of the cases, the mothers did not know how their children felt.)

Although almost half the mothers had suggestions for improving the program, about 95 percent wanted to continue in the program. Eleven percent wanted parents to participate more.

Research on all new parents and children participating in the program and on a control group of parents and children eligible but not using the service is now under way.

The study report, "Family Experiences in Operations Exodus," by James E. Teele, Ellen Jackson, and Clara Mayo, is available from *Community Mental Health Journal*, Columbia University Press, 605 West 115th Street, New York, N.Y. 10025. (Price: $1.75).

Day care

Day-care centers should offer social work services to the families who use them, according to a recent report on the need for social work in day-care centers in the Worcester, Mass., area. The project, supported by Worcester Catholic Charities and the Massachusetts Division of Child Guardianship with a grant from the Federal Children's Bureau, set out to provide social work services to both agency-sponsored and proprietory day-care centers in the area and to determine the usefulness of the service to the "day-care function." Social services were offered to day-care workers, parents, and children through casework, consultation, and education.

From responses to questionnaires answered by day-care workers and parents, the project workers found that at least half the families had many problems and needed counseling. They also found that social work could help identify potential problems and prevent them from taking shape, that many parents would not have received service had they not been using day care, and that day-care workers felt that consultation had improved their effectiveness.

The project workers recommend, on the basis of their findings, that social work be made a part of day-care center programs in proportion to the number of families to be served.

The project director, Matthew L. Pisapia, and the principal investigator, Albert F. Hanwell, are assistant professors at the Boston College School of Social Work.

Pregnant schoolgirls

Pregnant schoolgirls in at least 35 cities of the United States were continuing their education through special programs offered by both public and voluntary agencies in the spring of 1967. A survey of these cities made by the District of Columbia public schools with a grant from the Federal Children's Bureau found that many pregnant schoolgirls, both married and unmarried, were getting special educational services along with health and welfare services.

Programs offered by public agencies predominated. More than three-fourths of the sponsoring agencies said their programs were "comprehensive." In all, these agencies offered a median number of 12 services, including regular schoolwork; vocational training; instruction in child care, homemaking, and family living; counseling; and health and social services. The services least available included day care, information on family planning and economic aid.

Programs were offered at school buildings and community, religious, and welfare centers. Members of several professions were involved—teachers, social workers, physicians, nurses, psychologists, and nutritionists. Admission was generally limited to girls ranging in age from 13 to 21. Most served 50 to 60 girls, but the range was from 21 to

150. Most girls returned to the program after delivery before going back to regular schools.

Changes in work regulations

Following the completion of a study made at the direction of the Congress, the U.S. Department of Labor recently issued an order listing 16 occupations in agriculture as "hazardous" to children under 16 years of age. These occupations include handling certain chemicals and blasting agents and operating certain power-driven equipment. Restrictions against employing children in these occupations do not apply to those who work for their parents on family farms.

At the same time, the Department modified labor standards affecting children in occupations other than agriculture. Now, 16- and 17-year-old children may under certain conditions drive motor vehicles on private property, work as helpers on vehicles if they ride inside the cab, and operate elevators. Children 14 and 15 years of age may work during the summer, June 1 to Labor Day, until 9 p.m. instead of only until 7 p.m. And children of 14 and 15 taking part in work-training programs may work during school hours when the work is part of their training.

Additional information on these changes may be obtained from the Wage and Hour Public Contracts Division of the U.S. Department of Labor, Washington, D.C., or from any of its field offices.

Child health

Begun 2½ years ago by six "play ladies" in charge of programs for children in hospitals in Baltimore, Boston, Cleveland, Montreal, Philadelphia, and Pittsburgh, the American Association for Child Care in Hospitals now has about 250 members. Dedicated to improving the care children receive in hospitals and to promoting the well-being of the hospitalized child and his family, the association represents all the professions serving children such as pediatrics, nursing, child psychiatry, and social service.

The association's first meeting was held at the Children's Hospital Medical Center in Boston in the spring of 1965. Subsequent meetings have been held in Baltimore and Philadelphia. Bylaws and a constitution reflecting the purpose of the association have been drawn up.

The next meeting of the association will be held in Cleveland, Ohio, on May 8–11. The topic for discussion will be "Coping With Stresses of the Child in the Hospital."

. . .

A 3-year study of the hereditary and developmental aspects of certain chronic diseases and abnormalities affecting children got under way in early September at the Department of Pediatrics, Stanford University, with a grant from the John A. Hartford Foundation, Inc. The research, which is being carried out by a team of physicians and biochemists, will focus on disease involving mesenchymal tissue. Among the diseases to be studied are juvenile rheumatoid arthritis, congenital heart disease, asthma, and such abnormalities as gargoylism, osteogenesis imperfecta, and achondroplasias.

The principal investigators are Norman Kretchmer, M.D., executive head of the Department, and William van B. Robertson, professor of biochemistry.

Family law

Professional persons other than lawyers may now receive *Family Law Quarterly*, the periodical published by the Section of Family Law of the American Bar Association (ABA). Until September 1967, ABA's policy was to restrict the journal to its members. The change in policy was made in response to many requests from professional persons outside law working in fields related to the Section's work.

The September 1967 issue contains six papers given at the ABA National Institute, held in Toledo, Ohio, last May, on "Our Separate Ways: A Study of Divorce Today." One of these papers—"The Role and Responsibility of the Lawyer in Custody Cases," by Harry M. Fain—and an article from the current developments section—"The Case for a Family Court"—should be of particular interest to social workers.

The annual subscription price for the *Quarterly* to persons who are not lawyers is $5 (it is available to lawyers only as members of ABA). For more information about the periodical, write the ABA Division of Section Activities, 1155 East 60th Street, Chicago, Ill. 60637.

---

for parents

HOW TO PREVENT YOUR CHILD FROM BECOMING A NEUROTIC ADULT. Albert Ellis, with Janet L. Wolfe and Sandra Moseley. Crown Publishers, 419 Park Avenue South, New York, N.Y. 10016. 1966. 247 pp. $4.95.

A COMPLETE GUIDE FOR THE WORKING MOTHER. Margaret Albrecht. Doubleday & Co., 277 Park Avenue, New York, N.Y. 10017. 1967. 342 pp. $4.95.

HOW TO RAISE A BRIGHTER CHILD: the case for early learning. Joan Beck. Trident Press, 630 Fifth Avenue, New York, N.Y. 10020. 1967. 273 pp. $5.95.

THE NEW ILLUSTRATED ENCYCLOPEDIA OF CHILD CARE AND GUIDANCE. Volumes 1 through 12. Edited by Sidonie Matsner Gruenberg. Illustrations by Suzanne Szasz. H. S. Stuttman Co., 404 Park Avenue South, New York, N.Y. 10016. 1967. $29.95 (complete set).

YOUR TEETH: a handbook of dental care for the whole family. Daniel A. Collins. Doubleday & Co., 277 Park Avenue, New York, N.Y. 10017. 1967. 224 pp. $4.95.

THE HOSPITALIZED CHILD AND HIS FAMILY. Edited by J. Alex Haller, Jr., M.D., James L. Talbert, M.D., and Robert H. Dombro. The Johns Hopkins Press, Baltimore, Md. 21218. 1967. 121 pp. $5.95.

YOUR GROWING CHILD AND SEX: a parent's guide to the sexual development, education, attitudes, and behavior of the child, from infancy through adolescence. Helene S. Arnstein, with the Child Study Association of America. The Bobbs-Merrill Co., 3 West 57th Street, New York, N.Y. 10019. 1967. 188 pp. $4.95.

EVERYDAY PROBLEMS AND THE CHILD WITH LEARNING DIFFICULTIES. Bebe Bernstein. The John Day Co., 200 Madison Avenue, New York, N.Y. 10016. 1967. 163 pp. $4.95.

READERS' EXCHANGE

ROSS, BRAEN, AND CHAPUT: *Some comparisons*

The project described by John R. Ross, Jr., Bernard B. Braen, and Ruth Chaput in the article, "Patterns of Change in Disturbed Blind Children in Residential Treatment" (CHILDREN, November–December 1967) with its large and well-trained staff for a small group of children makes those of us who must meet similar problems with few resources envious. The need for and the scarcity of facilities for the disturbed blind child exist everywhere. Thus, the Syracuse project creates hope for all who work with blind children and will, I know, be followed with interest.

Unfortunately, the authors do not say at what level each child functioned when he entered the institution or what therapy was available to each. I, for one, would like details. From the account given, I conclude that many children were functioning before admittance at fairly high levels; otherwise they could not have regressed so markedly at admittance or have attained such high degrees of self-care, orientation to the environment, or educational skill later. I would like to know how they differed in age and ability to function. The impression I gain is of milieu therapy. Was no individual therapy used? If not, would its absence account for the slower progress of those who came with a fair amount of skill than those who came with less?

I cannot refrain from making some comparisons with the Michigan projects. The Syracuse children differed from the Michigan children in their developmental patterns. In Syracuse, some children had high skill but low mobility; in Michigan, children who did not demonstrate good mobility were low indeed, for it was often their only attainment.

I question the advisability of permitting such frequent home visits. The workers on the Michigan projects also felt that children are the prime responsibility of their parents, but they observed that the progress made in one week was often lost during a weekend at home and not regained until the middle of the next week. Therefore, in the Michigan projects the spacing of home visits was gauged by the individual child's ability to maintain his gains.

The children's anxiety reaction to medical examination does not seem to be consistent. Undoubtedly, a child's reaction depended on how traumatizing a medical examination has been in the past.

Not all Michigan children showed separation anxiety on entrance. Some exhibited it markedly, others with varying degrees for short periods, and a few actually seemed to be relieved to be away from home. The nearer the child was to being nonverbal, the greater was his difficulty in separating from his parents, particularly if the relationship with his mother was poor.

Michigan children were not generally aloof at first with staff members. The degree of aloofness seemed to be related to the age of the child: younger children accepted a mother substitute much faster than older—some surprisingly fast. This distancing with the staff reminds me of the reactions to institutionalization of very disturbed sighted children who, having received little love at home, believe that now away from home they are going to lose the last vestige of the little they do possess.

Anna S. Elonen
Professor of Psychology
Departments of Psychology, Pediatrics, and Psychiatry, Medical Center
University of Michigan, Ann Arbor

MURPHY: *Children of crisis*

I would like to comment on Lois Barclay Murphy's review of "Children of Crisis," by Dr. Robert Coles ("Children Cope with Crisis," CHILDREN, September–October 1967). After an excellent description of the book, she adds her "Yes, but . . ." comments. These press commonly held assumptions ab children's reactions to genuine str for which I know of no scientific s port. For example, she says: ". . . I w der whether this emphasis does overlook the question of who can aff to battle for the group. . . . In the ternal war of desegregation, some . screening may also be needed. In t South it has been provided directly some principals and indirectly by oth who asked for applications. In t North, where some large-scale integ tion has been attempted by arbitrar assigning children to schools out their own neighborhoods, there may more serious effects on *some* childre fatigue or a divided life in which t range of standards and life styles different settings is too great for you children to integrate."

Victor and Mildred Goertzel's bo "Cradles of Eminence" (Little, Bro and Co., Boston, Mass., 1962), althou not scientific, throws out an excelle challenge to this idea. My own expe ence is that no stress is as damagi to children as when the parents, figur tively speaking, sell their souls. I kn of no reports in the literature descri ing long-term disastrous psychologic effects of periods of severe social physical stress in children, includi civil war and revolution. As for scree ing, our ability to predict the reactio of children is no greater than for adult In both cases it is very limited.

Hans R. Huessy, M.
Acting Chairman, Department
Psychiatry, College of Medici
University of Vermont, Burlingt

---

collected readings

BEHAVIORAL SCIENCE FOR S CIAL WORKERS. Edwin J. Thoma editor. Foreword by Fedele F. Fau The Free Press, 866 Third Avenu New York, N.Y. 10022. 1967. 492 p $7.95.

PSYCHOSOMATIC AILMENTS I CHILDHOOD AND ADOLE CENCE. Irving Frank, M.D., an Marvin Powell. Charles C Thoma 301–327 East Lawrence Avenu Springfield, Ill. 62703. 1967. 578 p $16.75.

MARCH • APRIL 1968

children

Who Are the Mentally Retarded?

Averting a Neighborhood Crisis

A Program of Family Day Care

Social Work With Headstart Mothers

VOLUME 15 ● NUMBER 2 ● MARCH–APRIL 1968

children

AN INTERDISCIPLINARY JOURNAL FOR THE PROFESSIONS SERVING CHILDREN

Who Are the Mentally Retarded? 43
Gunnar Dybwad

Testing a Value System in a Neighborhood Crisis . . 49
Fannie P. Eisentein and Morris L. Eisenstein

Family Day Care in a Community Action Program . . 55
Elva Edwards

Professional Social Work With Headstart Mothers . 59
Esther Glickman

Preadolescent Foster Children in Group Discussions . 65
Kenneth W. Watson and Harold Boverman

The Unmarried Father in Adoption Planning 71
Linda C. Burgess

"To Redress the Balance . . ." Is Violence Necessary? 75
James Farmer

book notes 77

here and there 79

readers' exchange 83

Three children learn about a fellow creature in a child-care center operated under Project Headstart. Because the ability of children to profit from an enrichment experience is affected by the attitude and interest of their parents, Project Headstart today emphasizes the involvement of parents in the program. An experiment in which such involvement took the form of group discussions led by a psychiatric social worker is described in this issue. (See pages 59–64.)

children

National Advisers to CHILDREN

William E. Brown, *dentistry*
Alex Elson, *law*
Patricia G. Morisey, *social work*
Edwin M. Gold, *obstetrics*
Herman R. Goldberg, *education*
Beatrice Goodwin, *nursing*
Dale B. Harris, *psychology*
Robert J. Havighurst, *youth development*
Robert B. Kugel, *pediatrics*
Hylan Lewis, *sociology*
Winford Oliphant, *child welfare*
Milton G. Rector, *corrections*
R. Gerald Rice, *maternal and child health*
Albert J. Solnit, *psychiatry*
Franklin M. Zweig, *community planning*

Children's Bureau Staff Advisers

Will Wolstein, *chairman*
Division of Social Services

Grace M. Angle
Office of the Chief

Dorothy E. Bradbury
Division of Reports

Kenneth S. Carpenter
Division of Juvenile Delinquency Service

Hyman Goldstein
Division of Research

Jane S. Lin-Fu
Division of Health Services

Editorial Staff

Kathryn Close, *Editor*

Catherine P. Williams, *Associate Editor*

Mary E. Robinson, Willamena Walthour, *Assistants*

WHO ARE THE MENTALLY RETARDED?

GUNNAR DYBWAD

Not only in the United States but in many countries around the world, there is today an unprecedented interest in the welfare of mentally retarded children and adults. Whole new systems of services to aid them and their families are being developed, supported by extensive governmental and private efforts. A vast literature has appeared during the past 10 years. Millions are being spent on research and demonstration projects.

Yet, one encounters with increasing frequency the questions: Who exactly are the mentally retarded? Where are they? How many are there? The suggestion has even been seriously made that there is no such thing as mental retardation. Those who make it point out that as the term *mental retardation* covers a multitude of widely divergent conditions, resulting from separate biological or cultural origins and manifesting themselves in different, unrelated forms, there is no logical basis for a collective designation.

For a good many years, similar arguments have been raised against the term *mental illness*, which also covers a large conglomeration of conditions of diverse origin.

I cannot subscribe to such a view. It seems to me that for the daily practice of persons engaged in rehabilitation, health, and welfare services both these terms are useful. I am willing to concede that there may be some validity for speaking of mental illnesses rather than mental illness and also for using some plural forms for the collective terms *epilepsy*, *cerebral palsy*, and *mental retardation*. Yet we have traditionally used the singular in a plural sense without any real problems in communication.

A different position would have to be taken by physicians, biochemists, and other biological scientists concerned with specific diagnostic and therapeutic considerations. But when a discussion is focused on the social manifestations of retardation and the social measures needing consideration, I think we can find a sufficiently firm point of departure in the concept of mental retardation defined as ***significantly subaverage intellectual functioning, manifested during the development period, and associated with distinct impairment in adaptive behaviors.***

This is the definition of the American Association on Mental Deficiency with the addition of two qualifying adjectives. I have modified "subaverage" with the word *significantly*, as suggested by John Kidd,[1] and "impairment in adaptive behaviors" with the word *distinct*. This modification conveys disagree-

---

Based on a paper presented at the Summer Institute on Social Work in the Rehabilitation of Mentally Retarded Persons, Columbia University, July 17, 1967.

Learning to build with blocks may be helping these retarded children achieve a sense of accomplishment, a necessary step on the road to social adjustment.

ment with the view of those who are inclined to extend the concept of mental retardation to cover relatively minor deviation from the norm. Both from the point of view of the persons so characterized and from the point of view of effective administration and practice, a more circumscribed concept is preferable, one that would exclude the broad and confusing area termed "borderline."

In 1953, an expert committee of the World Health Organization suggested for international usage the term *mental subnormality*, subdivided into two categories: *mental deficiency* for cases of biological origin, and *mental retardation* for cases of sociocultural origin. Even though this proposal was a focal point of a widely distributed pamphlet published in 1954 and entitled "The Mentally Subnormal Child,"[2] this terminology has not been accepted, and the World Health Organization today is using the general term *mental retardation* in its official documents.

Where does this leave us as far as the boundaries of mental retardation is concerned? In the past, the likely answer to this question would have been that an IQ rating of 70 or 75 on a standard intelligence test would constitute the upper boundary. But today one would have to answer the question differently, saying that in general the term *mentally retarded* does not usually apply to anyone with an intelligence score above 70 or 75 but by no means includes all with lower scores, and in exceptional cases may apply to persons who score higher. Whether or not a person should be designated as mentally retarded depends not just on measured intelligence but also on the second criterion in our definition of mental retardation: ***a distinct impairment of adaptive behavior of the social performance in day-to-day living normally expected from a person of a particular age by the community (or culture) of which he is a part.***

Thus a man who scores 65 on an intelligence test and who at the same time shows himself well able to adapt to the social demands of his particular environment at home, at work, and in the community should not be considered retarded. Indeed, we now know that he is not generally so considered. This is why large-scale attempts to identify the mentally retarded in a given community always end up with a far smaller number of persons than had been predicted from the expected distribution of intelligence.

However, in spite of growing acceptance of this second criterion, "social adaptation," attempts at quantifying it through measures similar to the various intelligence tests have thus far failed. This is why at this time it is impossible to give a clear answer to the question, "Who are the mentally retarded and how many are there?" It seems clear, nevertheless, that the still widely made statement that 3 percent of the population are mentally retarded is no longer tenable.

Prevalence and degrees

But what *do* we know about the prevalence of mental retardation? We know that in the so-called developed countries between 1 and 2 percent of the population—in other words, one to two persons per thousand—are so retarded as to require residential care under present circumstances.

With a somewhat lesser degree of certainty, it can be said that in the developed countries between 3.5 and 4.5 persons per thousand would score below 50 on an intelligence test.

In looking at these two figures, it is important to recognize that the first, of one to two persons per thousand in need of residential care, includes a large number of persons who could score above 50 on intelligence tests but are markedly impaired in social adaptation.

Attempts to get a true estimate of how many mentally retarded persons there are outside these two categories have thus far resulted in widely varying figures—the lowest ones coming from the Scandinavian countries. Cultural factors and educational policies seem to play a major role in this regard. We must today admit that we know far less than we *thought* we knew 5 or 10 years ago!

But what about the qualitative aspect of mental retardation? What can be said about different degrees of retardation among the mentally retarded? Here, too, we find that our knowledge is far less definitive than we once thought. Twenty years ago, anybody who had taken a course in psychology "knew" that the mentally retarded consisted of morons, imbeciles, and idiots and that these terms were defined by IQ scores from 50 to 70 or 75 in the first instance, from 25 to 49 in the second, and from 0 to 24 in the third. Later, as increasing opposition was expressed in regard to these particular terms, "mild," "moderate," and "severe" were substituted as more appropriate and were adopted by the WHO in its 1954 report.[2]

It was a happy state of affairs for those of us involved in decisions about mentally retarded persons. All we needed was a psychometrician to provide an IQ score for our subject and, presto, we not only knew to which of the three levels of mental retardation to assign him, we also could find out from charts in textbooks just what could be expected of him. And since IQ's were believed to be fixed, that was that.

But then came disturbing new discoveries. First, IQ's as an expression of a person's intellectual functioning were found to be subject to distinct changes if conditions in his life changed to a sufficient degree. And second, social adaptation was found to be a crucial factor, along with measured intelligence, in judging the degree of a person's mental retardation.

And how has practice in health, welfare, and rehabilitation agencies responded to these discoveries? Quite remarkably, it seems to me, by ignoring them and continuing to use the old convenient terms and basing judgments almost entirely on the measured IQ.

Areas of confusion

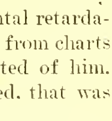
Educational practice has unfortunately confused the situation even more.

In the 1950's educators in our country commendably sought to widen school programs for the mentally retarded beyond the classes existing for the mildly retarded. They believed that persons of less intellectual endowment than those admitted to these special classes required quite different methods of teaching. They therefore made a distinction between the kind of programs to be provided for mildly retarded persons whom they regarded as capable of profiting from an "educational" process and for the moderately retarded whom they regarded as capable of being "trained" only to do the simplest tasks, incapable of rational thinking, and unable to acquire any kind of academic skill. Hence the terms "educable" and "trainable" came into use.

Unfortunately, shoddy thinking brought about a perversion in the use of these terms. Originally they described two types of schooling, but nobody had suggested that *all* children with IQ's between 25 and 49 would be capable of profitably attending classes at the "trainable" level. Yet, by and by, more and more workers and writers in the field of mental retardation simply referred to *all* children with IQ's between 25 and 49 as "trainable." The result, of course, was that some "trainable" children have been found by the schools to be untrainable, that is, inadmissible to the classes. Still worse, some workers refer to postschool young people and adults as "educable" or "trainable" even though no sheltered workshop has ever found performance in an "educable" or a "trainable" class to be a reliable predictor of performance in the workshop, where quite different kinds of skill are demanded under quite different circumstances.

Another remnant from the period when a person's intelligence was regarded as static is an unfortunate misunderstanding of the psychological concept "mental age." Intelligence tests consist of a succession of subtests corresponding to the performance that can be expected from the average child of a specific age. It is all right to say that a certain 20-year-old person scored on a certain part of an intelligence test only as high as could be expected of a 3-year-old

---



Gunnar Dybwad has been professor of human development, The Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University, since February 1967. Previously, he was for 3 years director of the mental retardation project of the International Union for Child Welfare, Geneva. From 1957 to 1963 he was executive director of the National Association for Retarded Children, and in 1963 also served as a consultant to the White House on mental retardation.

child. It is a questionable practice, however, to combine this 20-year-old person's ratings on various parts of the test and say that he scored the same as would be expected of a 3½-year-old child when what actually happened is that on some parts of the test he scored as low as a 2-year-old and on others as high as a 6-year-old.

Most people do not keep in mind that the term "mental age" refers to the result of a mathematical averaging of a large number of scores on test items. This leads to the further misconception that a 20-year-old man with a "mental age" of 3½ is *like* a child of 3½ and therefore should be treated like such a child.

This is, of course, disastrous nonsense. There are no 3½-year-old children who are 5 feet 7 inches tall and weigh 160 pounds, who have had 20 years of some kind of social experience, who have mature sexual organs, and who have the strength to stand for several hours lifting heavy logs onto a truck. Mentally retarded persons are *not* "eternal children," and this sentimental way of referring to them is an insult to their dignity as human beings.

Confusions about prognosis

Another point needs to be emphasized. Mental retardation is not infrequently associated with physical handicaps, particularly with sensory disturbance, crippling orthopedic conditions, cardiac and respiratory irregularities, neurological defects, and deficiencies in motor coordination and muscle tone. Any or all of these defects may substantially impair a retarded child's social adaptation and also deprive him of opportunities for intellectual stimulation. Yet often we judge the rehabilitation potential of retarded persons without first making a determined effort to alleviate such physical handicaps through medical intervention and thereby bring about improvement in the person's general ability to function.

Too frequently a diagnosis of a child's condition is automatically read as a prognosis instead of merely as an assessment at a given time under given circumstances that is subject to change with time or under changed conditions such as increased stimulation or therapeutic or educational intervention. The confusion between diagnosis and prognosis leads to a vicious cycle: when a mentally retarded person is regarded as unable to learn a certain task, he is excluded from training programs and thus deprived of an opportunity to prove himself, and his subsequent very poor performance is then regarded as bearing out the initial low estimation of his capacity.

Nevertheless, retarded persons have made remarkable progress in general functioning in spite of initial low test performance when vigorous steps have been undertaken to ameliorate adverse conditions in their lives and to subject them to appropriate schooling or vocational and social training.

While in isolated instances some excellent work has been done in this country, the major work in demonstrating the rehabilitative potential of seriously retarded persons has been done in England. Since 1955, Alan and Ann Clarke, Beate Hermilin, Neil O'Connor, Jack Tizard, and Herbert Gunzburg have been reporting in the professional literature the results of studies that clearly show how badly the capacity of persons with IQ's under 50 have been underestimated.[3-6]

Again, with outstanding exceptions, we in this country have been rather slow to emulate the pattern set in England in developing work training for the seriously retarded or even to recognize adequately in our professional literature the significance of the findings of research done there. In fact, professional workers often seem to react with hostile resentment when confronted with information regarding the vocational and social achievements of severely retarded persons.

An illustration

At this point, it seems pertinent to summarize the case of a young worker in an industrial training unit that is part of the mental retardation facilities in the city of Oxford, England. The case is presented in more detail in an article by Paul Williams in the *Journal of Mental Subnormality*.[7]

This young man, John, is today 18 years of age. He is an only child, whose mother, a teacher, was 44 years old when he was born.

John's early childhood was uneventful. At age 2, he started to talk and could say a number of words distinctly. However, by the time he was 5, he was clearly severely retarded, and so he was placed in a local training center similar to our classes on the "trainable" level. At that time, he scored a social age of about 18 months on the Vineland Scale. In the following year, at age 6, he failed to score on the revised Stanford-Binet intelligence test and, again, scored a social age of less than 2 years on the Vineland Scale. He was away from school a great deal because of illness, and while he was ill he stopped talking altogether. He has had no recognizable speech since.

During the ensuing years until he was 15 years old, John remained in the lowest class at the training center, a class that caters to the "babies"—preschool aged children—as well as to older children who are very severely handicapped with both physical and mental deficiencies.

This is a good example of a practice (common in this country as well as in England) that is purely for the convenience of the staff and administration and does not take into account the major needs of the children involved. Severely physically handicapped retarded children are a particular "bother" and therefore all too often are left with the lowest ability group even when they have a greater degree of intellectual ability and could profit from stimulation of more intelligent children.

When John was 15, he was admitted for a temporary stay to a newly opened junior hostel for retarded children and adolescents in Oxford so that his mother could have a brief vacation. This type of institution represents an important new kind of service in England that is rarely found here. To the great surprise of everybody, John adjusted well to the hostel and made definite improvement in his ability for self-help. When the time came for him to return home, the staff suggested that it might be well if he could stay at the hostel for 5 days each week and spend his weekends in his mother's home.

This arrangement was made, and as a consequence John improved a great deal in his general functioning. Nevertheless, 6 months after his admission to the hostel, his rating on the Vineland Scale was only 2 years 2 months. On the Minnesota Preschool Scale, form A, he passed only one item, showing a nonverbal mental age of approximately 2 years and a verbal mental age of less than 18 months. He still had no speech.

Here, then, was a young man with mental retardation about as severe as one is likely to see in the community, who had had the benefit of a "training center" for 10 years, and whose advance during all those years was so minute as to suggest a dour prognosis. Nevertheless, when a new industrial training unit for the mentally handicapped was started in Oxford, the director of the hostel strongly urged that John be admitted to it. Naturally, the training unit received this suggestion with much skepticism, but, nevertheless admitted John for a trial period.

For the first 2 days the manager of the industrial training unit spent a great deal of time working directly with John. In the beginning he had to hold John's hands and force the action required for the simple task he was to do—stripping some plastic material from the product. After a while John began to dislike being held, and he began to work independently. After 3 weeks he had fully mastered the task and could be placed at a work table with other trainees. He thus became a member of the working group.

A VISTA volunteer (right) teaches a retarded youth the elements of carpentry by showing him how to use tools.

I cannot go into all the details of John's growing adjustment, but I will describe briefly his subsequent work performance. During a typical morning's work, he sorted pieces of plastic of two shapes but of the same color and of about the same size. He worked slowly but steadily. During one half-hour period he sorted 700 items without making a single mistake. He also demonstrated that he remembered and could take up again without error a working procedure that had been taught to him 2 to 3 months earlier but that he had not been engaged in for some time. He also showed an ability to identify and correct mistakes that he made in his work and to react appropriately when two boxes in which he was placing parts were switched—he would switch his hand movements in order to continue to put the right part into the right box.

John still scores a nonverbal mental age of between 2 and 2½ years on tests. He still has no recognizable speech but can understand simple commands, and he recognizes his own name. However, his placement in the hostel has made it possible to involve him not only in a work program but also in a program of recreation and social activities, an opportunity he never had before.

It is often said that we should not push persons of such extremely low intellectual capacity into work—that this is a cruel and unethical procedure. Yet all the evidence seems to point to work performance as the factor that stimulates such persons sufficiently to enable them to participate in and enjoy group recreation programs and other pursuits.

I have purposely chosen an illustration from the lower levels of mental retardation because it seems to me that we have, at this time, more to learn from the lower levels that we can apply to the upper levels than the other way around. But, certainly, I am aware that quantitatively the bulk of our work must be directed toward the less severely retarded, a vastly larger group of persons.

An eye to the individual

It seems obvious that we have been far too much influenced by prejudicial generalizations about the expected learning capacity of mentally retarded persons as a whole and have let these generalizations stand in the way of efforts to help each retarded child and adult reach toward his highest possible level of life fulfillment at home, at work, and at play.

One of the most significant areas of recent exploration in the field of mental retardation deals with the development of the self-concept in mentally retarded children, regardless of the degree of their handicap.[8,9] Further studies are needed to find out how the retarded person sees himself among his classmates or his colleagues in a workshop, whether less or more severely handicapped or nonhandicapped; how he sees persons who teach him or work with him; and how this relates to how the workers see him. For example, what does it mean to a retarded adolescent to be treated in school like a little child, singing nursery rhymes and playing "silly" games although after school hours he joins the rough life of the city streets?

Studies are needed to show the problems arising from the different kinds of worlds confronting the retarded—the world of home, the world of school, the world of the street and community, the world of work—and their often so different levels of language, feeling tone, and expectations.

Research is also needed to develop criteria for making an adequate quantitative assessment of capacity for and performance in adaptive behavior. And such scales must be tested in day-to-day practice to provide an operational basis for the presently accepted definition of mental retardation.

Above all, developmentally appropriate activities need to be provided for the mentally retarded for all aspects of life at every stage of life.

---

[1] Kidd, J. W.: Toward a more precise definition of mental retardation. *Mental Retardation,* August 1964.

[2] World Health Organization: The mentally subnormal child: report of a joint expert committee convened by WHO, with the participation of United Nations, ILO, and UNESCO. WHO Technical Report Series No. 75, Geneva. April 1954.

[3] Clarke, Ann M.; Clarke, A. D. B.: Mental deficiency—the changing outlook. Methuen & Co., Ltd., London, England. 1958. (Second edition, 1965.)

[4] Clarke, A. D. B.; Hermilin, B. F.: Adult imbeciles: their abilities and trainability. *Lancet,* August 13, 1955.

[5] O'Connor, N.; Tizard, J.: The social problem of mental deficiency. Pergamon Press, New York. 1956.

[6] Gunzburg, H.: Social rehabilitation of the subnormal. Bailliere, Tindall & Cox, London, England. 1960.

[7] Williams, Paul: Industrial training and remunerative employment of the profoundly retarded. *Journal of Mental Subnormality,* June 1967.

[8] Cobb, Henry: Self-concept of the mentally retarded. *Rehabilitation Record,* May–June 1961.

[9] Edgerton, Robert B.: The cloak of competence; stigma in the lives of the mentally retarded. University of California Press, Berkeley. 1967.

> . . . the Welfare poor have managed to hide themselves behind our image of them as defectives. They have consented to think of themselves as "multiproblem" or "culturally deprived" because they are not so secure in their dependencies that they wish to cause trouble. Besides, they are not fools. They see that their families *are* often likely to be in a turmoil and that their children are often doomed to certain pathologies. Why should one expect them to be otherwise? But what is appalling is how they have been cajoled into seeing all their problems as arising from every conceivable factor except inadequate public services and deprived economic conditions . . . .
>
> *Richard M. Elman,* "The Poorhouse State," *Pantheon Books, New York, 1966.*

testing a value system in a NEIGHBORHOOD CRISIS

FANNIE P. EISENSTEIN ● MORRIS L. EISENSTEIN

A person's value system, or code of ethics, is his attempt to relate behavior to belief. Though he may not live up to it, it spells for im conduct that accords with his view of the world s it should be. Democracy itself is built on a value ystem derived from the belief in the worth and tegrity of the individual person; but when adults em to honor this system in the breach as much as more than in practice, young people's attempts formulate a value system of their own become onfused and often distorted.

In the belief that adults have an obligation to help oung people develop democratically based standds of conduct, the United Community Centers, a oluntary social agency in Brooklyn, N.Y., has for e past 2 years been engaged in a project to help enagers build such a value system by encouraging em to resolve their conflicts through common efforts achieve social change instead of through acts of lf-destruction or social destruction. Located in the ast New York section of Brooklyn, the United ommunity Centers has two branches, one on either de of a wide avenue that divides a predominantly hite middle income area from a predominantly egro and Puerto Rican slum. However, in offering s neighbors opportunities for participation in social fe and social action, the agency operates as a single tity crossing racial and class lines with its proams, and thus in spite of its plural title is known mply as the Center. Its teenage project has been rgely supported by Federal funds through the Ofce of Juvenile Delinquency and Youth Developent.[1]

The 75 teenagers engaged in the project come from middle income families, self-supporting low income families, and families supported by public assistance. They are Negro, Puerto Rican, and white. Some have records of delinquency. Some have never engaged in delinquent behavior.

Through the project, these Center Teens, as they are called, have been involved in community campaigns to achieve racial integration in their schools and to make summer camps available to children supported by public assistance. They have also been involved in an internal struggle to clarify their own views on young people's rights and responsibilities regarding the use of nonhabit-forming drugs. All of these efforts have born a relationship to a specific value system made explicit to the young people in the project through their contacts with the Center's staff members and their participation in the activities of the Center and the social action it has encouraged. An abbreviated model of this value system appears in the box on page 51.

All of the components of this value system are currently under broad attack in many segments of our society. Therefore, in an effort to create a conscious awareness of the interplay between belief and behavior, the Center's staff members constantly help the young people see the relationship of the experience in their daily lives to its goals. This does not mean that all of them have fully accepted the Center's value system or can adjust their behavior accordingly. But all of them have struggled together to understand it and have worked together and individually to realize it in their relationships with each other and with other people in the community.

A majority of the Center Teens have been involved in a leadership training program at the Center's summer work camp for teenagers. At camp one of the most difficult struggles for staff members was to help these young people find alternatives to physical fighting in expressing conflicts over race and class differences. The staff constantly had to help them resolve their conflicts through discussing the reasons behind their tensions instead of through fighting. Nevertheless, after the camp was over, most of the young people who attended kept their close affiliation with the Center and became the nucleus of its work with the community.

Their differences, however, were not all resolved. They had a big verbal battle, for example, over the use of drugs. Those who experimented with drugs—chiefly marijuana and the amphetamines—argued for the individual's right to experiment freely. Those who objected to the use of drugs argued that drugs isolated people from one another even when they were taken socially and provided a way of avoiding the difficulties encountered in making close relationships. Staff members pointed to the interconnection of freedom and responsibility and defined freedom as the ability of man to enter into relationships with others and responsibility as the ability to listen to others and understand. As the argument continued, the young people's awareness of the meaning of a value system was sharpened.

The struggles over the implications of the Center's value system have affected not only the young people in the project but also their relationship with other groups of young people in the community who are not members of the Center Teens. Some members of the Center Teens were once part of those groups and have continued to maintain relations with them.

Morris L. Eisenstein, left, is director and Fannie P. Eisenstein is research director of the teenage project sponsored by the United Community Centers, Inc., Brooklyn, N.Y., described here. Mr. Eisenstein was formerly chairman of the community organization department of Atlanta University School of Social Work, of which Mrs. Eisenstein is a graduate. She has worked as community organizer for a settlement house in Columbus, Ohio, and has directed nursery schools in Denver.

Many of these young people recognize the Cente value system but reject it. They have particularly a tacked the relationship of the Center Teens to adul Groups who have come to the Center on occasion ha refused to join because of its adult supervision. Th have charged the Center Teens with being bo "brainwashed" and "brainy," apparently failing recognize that the Center Teens include school dro outs and functional illiterates as well as scholarsh winners.

Nevertheless, the Center's staff has continued work with groups of young people outside the stru ture of the Center—for example, it helped one gro petition the authorities for a drag strip. Appro mately 200 teenagers are thus peripherally relat to the Center.

Put to the test

An objective of the project has been to support t Center Teens in maintaining contact with and inf encing other groups of young people in the co munity. The following account illustrates how t Center's staff and Center Teens together work with diverse groups of young people to bring abo behavior consistent with the Center's value syst and thus to avert a disaster.

The middle class section of East New York— Italian, Jewish, and, to a smaller extent, Negro— bounded on the east by Lindenwood, a middle cla cooperative development in Queens, and by Canar an area of private homes in Brooklyn. There ha been fights between the East New York boys and t boys in Lindenwood and Canarsie when the E New York boys have gone into Lindenwood a Canarsie in search of girls and "something to do."

On September 18, 1967, Sam, a 15-year-old b who lives in a middle income development in E New York, went into Canarsie with some other bo to visit some girls. A group of Canarsie boys spott the East New York boys and told them to get out the area. The East New York boys started to mo out but were "jumped." Sam's companions got aw Sam was stomped upon and beaten badly with chain. He was taken to a hospital where it was fou he had a collapsed lung.

The word spread rapidly in East New York, p ticularly in the middle income development whe Sam lived. Shortly after Sam's admission to the h pital, teenagers began to gather in the hospi lobby. A woman who is a member of the Cen accompanied Sam's mother to the hospital and

VALUE SYSTEM MODEL

Belief	*Behavior*
I. Freedom and Responsibility The enlargement of freedom is related to the extent of responsibility assumed. Human beings through their social relationships and social structures can protect each other's rights and extend each other's possibilities.	I. Community Involvement 1. Participation in community action. 2. Defense of other's rights and privileges. 3. Assumption of responsibility for leadership.
II. Richness of Difference The welcoming of differences in people is a sign of learning and growing. Segregation by color, class, religion, and handicap should be rejected.	II. Interchange and Identity 1. No discrimination against others based on race, class, religion, or handicap. 2. Interaction with others across race and class lines. 3. Development of a positive feeling of identity with one's class or race.
III. Conflict and Struggle Conflict is a part of life and demands a continuous struggle to search out, examine, and make choices in the direction of desired goals.	III. Involvement in Struggle 1. Willingness to consult with others in making choices. 2. Openness in contributing ideas and receptivity to the contribution of others. 3. Willingness to challenge and willingness to accept challenge. 4. Willingness to experiment on the basis of strong inference or evidence, and willingness to evaluate the experiment.
IV. Intergenerational Trust Adults and youth, on the basis of integrity (validation of belief by behavior), can struggle together toward valued goals. Adults carry the primary responsibility for establishing the model.	IV. Relations 1. Willingness to confer with others. 2. Willingness to challenge and willingness to accept challenge. 3. Willingness to discuss one's problems with adults and accept their help.

xt morning called the Center to report that the ung people were organizing to go into Canarsie, d the attackers, and beat them up.

Among the teenagers at the hospital the first night re two members of the Ashford Street Boys who d attended a few meetings of the Center Teens. e Ashford Street Boys are a loose assemblage of ung people who "hang out" on Ashford Street in st New York's middle income section. Some of its mbers, including its leaders, have for the past 2 rs circled gingerly around the Center Teens. Al- nately, they have drawn close and pulled back, ntinually arguing about the group's relationship adults and acceptance of supervision and about the Center's expectation of commitment to a value system in which individual freedom is tied to social responsibility.

On September 19, Center staff members and members of the Center Teens quickly took steps to prevent the Canarsie incident from blowing up into a series of retributive raids and counterraids. A staff member looked up the two Ashford Street boys who had been at the hospital and asked them to come into the Center, telling them that before a revenge squad was organized to go into Canarsie, the Center's staff members wanted a chance to talk with the organizers.

The two boys came to the Center with about 14 other boys from the Ashford Street area who had never been to the Center before. This was the first of a number of meetings that took place during the next 4 days. The meetings were attended by progressively larger numbers of boys from different groups in the area. In addition to the Ashford Street Boys, they included the S & V Boys (Stanley Avenue and Van Siclen Avenue) and the New Lots Boys, all of East New York. Staff members also held small meetings with boys in Canarsie and with older boys of 19 and 20 from both areas.

A tense situation

In the first meeting, the Center's staff members tried to get the East New York boys to call off the revenge party that was scheduled to leave for Canarsie at 7:30 p.m. They argued that more boys would be hurt and nothing would be accomplished; that even if the East New York boys found the stompers in Canarsie and beat them up, it would not make Sam better and it would not make it any easier for East New York boys to go into Canarsie; the next move would be that Canarsie boys would come to East New York for revenge. The alternative, the staff members argued, was to work out an agreement whereby boys from East New York and Canarsie could move freely between the two communities. They offered to help the boys in this.

The boys asked: "Can you guarantee your method will curb the toughs in Canarsie?" The staff members answered that they could guarantee nothing, that the only thing they were offering was a search for an alternative to putting young people in hospitals.

The boys talked for a while and then walked out. Because of the New York teachers' strike there was no school and the streets were full of young people. Small crowds gathered. A number of young people also congregated at the hospital, among them, more Ashford Street Boys, S & V Boys, and other much younger boys who were not associated with any organized group. The young people at the hospital, insisting that they "owed it" to Sam, said they were going down to get the Canarsie "culprits." However, when they left the hospital, they only milled around the neighborhood.

By this time, scores of girls 14 to 16 years of age had joined the boys on the street. They were excited and were urging the boys on to a show of strength in Canarsie. A staff member tried to get a few of the boys who had been at the earlier meeting back to the Center. Their agreement to come created a Pied Piper effect: crowds of young boys and girls followed them back to the Center. It was soon filled to capacity. The young people who could not get in waited outside where the Center Teens argued with those who wanted "action."

Inside, two of the youngest and brashest boys demanded a showdown to teach the Canarsie boys a lesson. A staff member suggested that if anybody wanted to be a "hero" he could go to Canarsie alone without falling back on a mob.

The discussion was heated. Two boys walked out. The sharpest belligerence came from the younger boys—some of them no older than 13—but it was verbal. Actually, they looked to the older boys for signals and accepted their leadership.

The older boys asked: "Suppose what you propose doesn't work and the Canarsie guys won't listen?" A staff member answered: "Then we'll try something else. You don't know what will work till you try it."

At this point Sam's father came into the Center and stood listening to the discussion. He said to some of the boys who were challenging a staff member, "Listen to him. He's right," thus throwing his weigh to the Center's attempt to prevent further fighting. In the end, the S & V leader said his boys would no go into the Canarsie area to fight that night. Later h returned and made arrangements to go with a staf member into the Canarsie area to talk with boys i Canarsie. A number of the Ashford Street Boys wh knew the S & V leader were astounded that he wa willing to work with adults.

Negotiations

On the following day, a Center staff membe brought three teenage boys from Canarsie to the Center to meet with the East New York boys. A crow gathered outside the Center. Particularly noticeabl was the excitement of the girls. They were anxious fo something to happen. A few of them called out, "I you're chicken, we can go fight for you in Canarsi Let's go."

After the Canarsie and East New York conferee at the Center had agreed upon a procedure for reaching certain groups in Canarsie, the staff member escorted the Canarsie boys home. A meeting had bee set for the next day in Canarsie with older boys. Onl staff members of the Center, one of the leaders of th S & V Boys, and two Canarsie boys were slated t attend. After the group from East New York got t the meeting place, they noticed two carloads of oth

Canarsie boys pulling away, apparently satisfied that only the designated negotiators had arrived and there were no followup cars from East New York.

The Canarsie boys at the meeting were muscular boys of about 19 or 20. They had had their fill of street fighting. They said for the sake of the "littler kids" they would find any stupid brawlers who needed controlling and see that the jumping stopped. They suggested that both sides find the hotheads, damp them down over the weekend, and have the whole problem under control by Monday. The S & V leader agreed to this but argued for a fair fight between the culprits and adversaries chosen from East New York to "square things." The Canarsie boys were unenthusiastic about this suggestion but willing to go along with it. They suggested that the S & V spokesman check it out with his people and let them know on Monday.

The S & V leader summoned his boys to a meeting at the Center to make a final decision. Many of the boys at this meeting had not attended the previous meetings. At first they insisted on the showdown fight, and then, surprisingly, their insistence disappeared. Perhaps, since the Canarsie boys were willing to set it up, the fight did not seem so significant, or perhaps there were no ready volunteers. Perhaps the arguments of those young people who had been advocating a search for alternatives to physical combat for settling issues had sunk in. At any rate, arrangements were made for informing the Canarsie boys that the fight was off and that the weekend truce could be indefinitely extended.

Influential factors

During these 5 tense days, young people in and out of the meetings had been debating whether it was necessary to fight physically in packs to control "others," or whether they could find other means of doing so. The Center Teens, who had been trained for 2 years to examine alternatives, played a leading part in these arguments. Some of them had formerly belonged to the Ashford Street Boys. They were obviously torn between the street pressures to which they had previously responded and the new pressures stemming from their relationship with the Center Teens and the value system they were testing.

Some of the Ashford Street Boys were astounded to learn that the "tougher guys" in the S & V and New Lots groups were willing to meet with adults. They had never before come near the Center. They rejected it for its policy of encouraging racial integration and for its fight against the use of drugs. Yet, despite their antagonism to the Center, these "tougher guys" were willing to come in and explore the possibility of alternatives to violence.

The young people who came to the meetings at the Center and those in Canarsie were all suspicious of adults, but they were willing to try to reach a settlement. Part of their willingness was probably related to the open statements of Center adults. The woman who first alerted the Center to what was happening told the boys in the hospital that she was a member of the Center and was going to call the Center because she felt it was wrong for them to repeat the Canarsie brutality. When the boys asked for a guarantee that what the Center suggested would succeed, staff members replied sharply that they guaranteed nothing but a willingness to look for answers.

Another factor in the young people's willingness to confer was that they wanted the opportunity to go to Canarsie to see the girls they knew there. Still another was that the control of the situation was left with them. The police were not involved. Center staff members raised questions and made suggestions, but the young people were free to reject their intervention.

The staff members of the Center openly admitted that their goal was to prevent a rumble but they also made clear they had no stake in success. At one of the meetings the conferees from East New York began to pressure the two boys from Canarsie for the names of the culprits. A staff member said that if the East New York boys tried to turn the meeting into a squeeze play the Center was finished, that the Center would guarantee the Canarsie boys a safe journey home and withdraw.

Some observations

The nettling characteristic of intervention to prevent social crisis is that one can never be sure that it was the intervention that did the preventing. The whole crisis might have subsided anyway. Some unknown factor might have called a retreat.

We know, however, that the threat of the East New York revengers fizzled out. The Ashford Street Boys, the S & V Boys, and the New Lots Boys found themselves dealing with a different issue from the one that they had defined. The issue they had at first defined was revenge, getting one of "theirs" for one of "ours"—facing down the opposition with power. The issue, as defined by the Center, was the right for both sides to travel freely in Canarsie and East New York without fear of or readiness for combat.

The Center's first objective was to prevent anyone else from getting hurt. Its second objective was to prevent the beginning of a series of retributive raids. Its third was to achieve an agreement that the boys from both areas might circulate freely between Canarsie and East New York.

Two factors helped realize these goals:

1. Both groups, when the issues were clearly defined, wanted freedom to circulate more than they wanted "closed turf."

2. The 19- and 20-year-old boys in Canarsie, when involved, showed that they regarded brawling on the streets as "kid stuff." This dampened the fire of the younger boys.

Still the incident revealed some frightening aspects of the community. The aggressive urges of adolescents from middle income families were touched off like tinder, the girls glinting with excitement, the boys ready to hunt in packs. Many adults in the community were also aroused and asked Sam's mother and father whether they did not want to "kill" and "repay," though these concerned parents had no desire to hunt down and destroy.

Yet, truculent and vengeful though they were, the teenage boys were willing to confer, to argue, to leave, to come back, and to talk again. In the process, what they talked about changed and new possibilities appeared. Although all of the elements for a riot were present—idle young people on extended vacation during a teachers' strike, a brutal assault, ringleaders out for revenge, a provocative cheering section of girls, and the "understanding" of equally vengeful adults—the Canarsie battle was never pitched. An alternative had been presented. The fever subsided.

Prevention does not have the drama of outbreak, but it has its own drama. The young people directly involved in the negotiations and discussions in the Center and on the street, and in the exchanges with the Canarsie groups, felt a different kind of excitement. It stemmed from a sharp conflict over ideas and how people approach the settlement of grievances. The meetings in the two communities had the drama of confrontation and challenge, of feelers and probes.

In the changing cast of characters, many young people were involved. More were on the periphery than entered the negotiating circle. Gradually, however, they became peripheral to a rational process instead of a fevered hunt. It was to the restless crowds standing outside the Center that the negotiators returned to press for the promise not to go to Canarsie to fight. Although many of the arguments were distorted as they passed from meeting participants to street supporters, the essential ideas got through. To fight in Canarsie for revenge would start a feud that would seal off East New York from Canarsie. It was better to find the people in Canarsie and East New York who would guarantee to curb the stompers and the hitters in the common interest of the young people who wanted to walk freely in their city.

A successful test

The incident tested the practicality of the goals in the Center's value system and showed the following results.

1. The Center found that it could involve peripheral youth groups who had sharp differences with it in a series of discussions to reach a desired goal. The young people reached this goal themselves through assuming responsibility for leadership among their own groups and for interchange among hostile groups.

2. Italian, Jewish, and Negro teenagers crossed "turf" and group lines to argue and negotiate.

3. Young people whose usual mode of operation is the immediate application of force were willing to experiment with alternatives.

4. Young people who usually rejected adult intervention were willing to test formerly untried associations with adults.

Far more significant than the cooling of hostilities were the possibilities the incident brought for further interchange and involvement of peripheral groups with the Center Teens and staff members in tests of the Center's value system.

---

[1] Department of Health, Education, and Welfare, Social and Rehabilitation Service, Office of Juvenile Delinquency and Youth Development, Demonstration Project No. 66024.

ELVA EDWARDS

FAMILY DAY CARE in a COMMUNITY ACTION PROGRAM

● In Baltimore, Md., day-care services for children in low income areas are an integral part of the war on poverty and cultural deprivation involving the cooperative efforts of the public welfare department and the local community action program. Operated by the Baltimore City Department of Welfare under contract with the Baltimore City Community Action Agency, the program got under way in September 1965. It is designed to serve low income families where the mother is employed or is seeking employment or where the chronic or acute illness of a mother prevents her from providing appropriate care for her children or where part-time separation of mother and child can ease family tensions and enable the family to remain intact. Complementing a similarly sponsored program of group day-care centers, the family day-care service is provided for children who are chronologically and developmentally under 3, for older preschool children with special needs that can be better met in a family home than in a day-care center, and for children for whom group care is not conveniently available.

The service is available to any child of a low income family who is threatened with neglect during any part of the day. It is also designed to provide a sense of emotional well-being to the child whose mother can give him little emotional support after a long, hard day of work. It provides part-time placement away from home for some children of disintegrating families whose parents are not yet ready for complete separation and thus gives the parents an opportunity to face their personal problems. In some instances, in fact, the service has been instrumental in the reconciliation of parents who after they have been relieved of worrying about their children have been able to do more about mending their relationships with one another.

The service requires every prospective day-care mother to have a physical examination, including a chest X-ray, and to furnish character references and evidence that her home has passed health, building, and fire inspections. She is also required to have a telephone so that she can, when necessary, immediately call or be called by the agency. This measure assures all three—day-care mother, agency, and parents—that a means of communication is always open to them. In addition, before a home is approved for day care, the caseworker makes at least two visits there to get to know something about the kind of person the day-care mother is, what she has to offer the children, and why she wants to take care of other people's children, and to prepare her for the continuous supervision that the caseworker will provide her after she becomes a day-care mother. These visits also establish a basis for the selection of the most appropriate home for a particular child.

The day-care parents receive $60 a month for their services for each child. Many day-care parents are recipients of public assistance. In computing a family's resources for meeting its budgeted needs, the welfare department disregards $85 of the family's monthly earnings from day care as well as the amount needed for the day-care children's lunches and snacks, for supplies used in their care, and for the required telephone, and then counts only half the remainder, if there is any, as a resource. Thus, the income from day care gives the family some flexibility in meeting needs long unmet. One woman, for example, saved enough from her earnings to buy a large refrigerator to replace the tiny one that came with her apartment. "It certainly makes food buying a lot more economical," she explained to the caseworker.

Children are always placed in homes near their own neighborhoods both for the convenience of their mothers and for the child's sense of security. For example, a number of children who live in a large housing project are in day care with families in the same project.

Family problems

In accepting children for placement, the agency tries to put its emphasis on the child's needs rather than the parent's need for employment, her illness, or whatever caused the request for care. Our first case underscored the necessity for this:

Mrs. W, the youthful mother of five children, ages 8, 7, 3, 2, and 1, was recommended for family day-care service by the evaluation clinic of a local hospital and referred by the AFDC worker. The hospital's evaluation staff predicted a breakdown in the family as well as in Mrs. W unless her burden could be lightened at least temporarily. The 8-year-old child was chronically ill and required frequent hospital visits. The 7-year-old child was in school full time and had to carry too much responsibility for her age for her young brothers and sisters after school. Mrs. W lacked emotional stability and was completely overwhelmed and immobilized by her many problems. The three younger children were malnourished, inactive, and retarded in development. They received little or no stimulation from their environment.

The day-care mother selected for these children was a licensed practical nurse with nursery school experience. She was trained to detect malnourishment, and her warm, outgoing personality enabled her to take these emotionally deprived children into her home and heart. She was not critical of Mrs. W, but, instead, focused her attention on the children. She had the time, motivation, and capacity for giving these children what Mrs. W could not give; but at no time did she appoint herself as a person to give the mother unsought advice. The results were soon obvious. The children blossomed and Mrs. W's spirits rose as she saw changes in her children that she had not even considered possible.

The change in Mrs. W was short-lived, however. The services we provided her came too late. The children eventually had to be placed in foster homes. However, we were able to participate in the preparation for this move. The family day care served as a kind of halfway step that may have had a positive effect on the children's use of foster care.

Even in situations where employment of the parent is the basis for the request for day care, the caseworkers often find problems that require casework help. Offering such help requires tact, perception, and knowledge of community resources. For example:

Miss H had completed 3 years of college when she became pregnant. The father of the baby broke his promise to marry her and would not support the child. Miss H's parents were shocked and ashamed. Although employed, they were unwilling to support her child. Since Miss H was determined to complete her education, she decided that she would have to give up her baby for adoption. She applied to an adoption agency, but the caseworker there recognized that she did not want to give up her child and, therefore, referred her to us for day-care service so that she could be free to seek employment.

During the intake process, our caseworker encouraged Miss H to describe what the baby was like. This seemed to sharpen Miss H's awareness of her role as a mother and of her baby's needs. She had not begun to take the baby for his shots and examinations, but the caseworker made clear to her that this must be done before a day-care plan could be made for the child. Thus Miss H was forced to carry out a mother's role. As she assumed more and more responsibility, she began to enjoy caring for the child. She is now employed and taking courses toward her undergraduate degree; but she is also being a responsible mother.

There are situations in which the child's behavior turns out to be the key problem, although the request for day care has been based on the mother's employment. Often the mother, when she requests day care for her child, can say only that she "wants" to work to get away from her child. For example:

Mrs. B was referred to us from the community action center because she needed to go to work and had no adequate child-care plan for her 5-year-old daughter Mary. Mary had been enrolled in the kindergarten of a public school; however, because of destructive behavior and hyperactivity, she had been excluded from the classroom. Mrs. B had two other children, both of school age. Her husband had deserted her and had disappeared. She was, therefore, receiving public assistance but was waiting to be accepted in a work experience and training program.

Elva Edwards has been chief of the family day-care program in the Baltimore City Department of Welfare since the program began in September 1965. Her experience in child welfare services includes work in the District of Columbia Department of Public Welfare, the Diagnostic Study Center of the Maryland Children's Center, and the Division of Special Services, Baltimore City Department of Education. She received her master's degree in social work from the University of Pennsylvania.

> Because of Mary's behavior, we felt the child needed a period time in day care before Mrs. B went to work to help her ust to being away from home. Therefore, we made plans immediate placement. We took special care in finding a -care mother willing and able to tolerate Mary's extreme eractivity and frequent tantrums. The caseworker arranged Mrs. B and Mary to visit the day-care home several times ore the placement. It became necessary, however, to seek ther home because the first day-care mother felt that Mary s more than she could handle. We selected a home in which ry would be the only child. She was taken there by her ther and left there at first for only an hour or two and then progressively longer periods.
>
> The placement began 6 months ago, and, to date, the new -care mother is doing a remarkable job with Mary. The eworker is regularly providing her with support, sugges- ns, and interpretation of Mary's behavior. Mary's behavior improved somewhat. If Mary shows that she can function quately in the day-care home, the caseworker will focus attention on helping Mrs. B create a similar atmosphere the child at home. We also plan to place a few other ldren in the day-care home to give Mary an opportunity to ome a part of a very small group. If this works out well, will consider placing her in group day care for a while n, later, in the public school again.

elping children develop

The day-care program is based on the theory that stodial care is not enough. Its purpose is to give e children in care the advantage of enriching ex- riences and stimulation that they might not other- se have. While many mothers of the children in re could provide such experience if they remained home, others have experienced so much depriva- n themselves that they could only provide their ildren with the basic necessities. Thus, we ask a eat deal more of our day-care parents than warmth, derstanding, and concern, though these are basic quirements, as is previous experience with children.

We expect our day-care mothers to read to the ildren stories appropriate to their ages and inter- . We ask that with our guidance they learn what n be expected of children at various ages and ages of growth and that they furnish the children th the kind of toys and equipment that can help em develop appropriately—for example, blocks, ards, crayons, clay, paper, inexpensive books, pic- res—and other toys that are safe but encourage tivity such as a simple pasteboard carton and a rdy string for pulling. We expect them to help ildren learn such simple things as how to tie a shoe d to encourage the children to reach progressive ages of learning and creativity.

We know that the child between the ages of 18 months and 3 years is a "collector." Thus, the caseworkers describe this characteristic to the day-care parents and suggest that they provide a basket, a shoe box, or some other appropriate container, as well as "collectible" items for the child. The caseworkers also tell the day-care mothers about the interest of older children in "dramatic" plays and help them provide props and audience.

We emphasize the need for fresh air and sunshine; therefore, a part of our home study is to determine whether there is adequate outside play space.

We look for day-care parents with flexible minds who are capable of accepting each child at his own level and who can see what, if anything, in the child's behavior is glaringly "different." We seek day-care parents who can help the children practice self-control and develop self-discipline. We expect them to know the difference between the stage at which children play alone and are unwilling to share their toys and the stage at which they are capable of cooperative play. We do not ask that the scene always be carefully structured for learning, but we do ask that each activity encouraged by the day-care parents be meaningful for the child and provide him with an opportunity to experiment. For example, we explain that when they provide clay for a child they do so not to keep him quiet, but to give him a chance to manipulate it to interpret his experience, ideas, and reactions to life. We insist that infants and toddlers not be kept behind the bars of a crib or playpen but be given enough attention and freedom to accelerate their intellectual development.

Because the family day care is a complementary service to the group day-care program, we acquaint our day-care mothers with the work of our group centers. Thus they become familiar with the types of activities that stimulate children's intellectual development and have an opportunity to talk to persons trained in early childhood education. We realize that the family day-care and group day-care programs have distinct characteristics, but we believe that essentially they have the same goals.

None of our prospective day-care parents have withdrawn as a result of our expectations.

Knowing the child

As a caseworker begins working with a family, her goal is to get to know the children well so that she can assess their potential ability as well as determine the level at which they are operating. She seeks to find out what they should be doing at this point in their lives, what they are not doing, and how ready they are to learn through the close and individual attention a day-care mother can provide. She also tries to find out how ready the child's mother is for accelerate development in her child and to get an idea of whether or not the new learning will be sustained.

Children needing day care often have the same kind of problems as other children whose parents come to child welfare agencies for help. For example:

Jean was in the first grade at school. She was referred to the welfare department's division of special services because of her inability to communicate. Her speech was limited to the repetition of the last two or three words of whatever was being said to her. She was a personable child who seemed to love everyone.

Psychological testing at the school revealed that Jean was severely retarded but trainable. She was put on a long waiting list for placement in one of the city's schools for retarded children. Meanwhile, in compliance with the school system's regulations, she was withdrawn from school.

Jean's mother, the sole support of three children, was employed full time. She was on the verge of considering an institutional placement for the child because there was no one to care for her when the school social worker referred her to the welfare department for day-care service. We selected a family day-care home for Jean that we believed would give her a great deal of help while she awaited the school placement.

The day-care mother was prepared for Jean's limitations by the caseworker. Therefore she has been able to provide the child with stimulating experience commensurate with her mental age rather than her chronological age. She has made it possible for Jean to try to learn without fear of censure for being unable to perform. Thus Jean no longer has the frustration of being with other children her age who function at a much higher level than she does or of having to compete with her own brothers and sisters for several hours a day.

There has been a very definite improvement in Jean's ability to communicate. We feel confident that when Jean goes into her public school placement, she will carry a great deal more with her than she would otherwise have done.

Recently, we have been conducting group training sessions for our day-care mothers and the mothers of the children in day care to give them an opportunity to share ideas, knowledge, experience. and problems. The groups have been conducted by the caseworkers but experts in early childhood development are included as resource persons. Thus far, the group of day-care mothers has been very enthusiastic. We have not, however, had a similar response from the parent group.

For the most part the mothers of the children in day care are women who have been both emotionally and materially deprived. They tend to see day care only as a service that enables them to go to work so they can meet the family's bare necessities and conceive of child care as simple supervision. We kno that helping them to understand the complex nee of children will take time. Our hope is that the chi dren themselves will gain enough in the day-ca homes that the parents will gradually see that the have been neglecting something important to chi rearing that they might well learn how to provid

Rewards and frustrations

Between February 2, 1966, and January 1, 196 we provided family day care for 450 children fro 224 families. Most of these children came from on parent families for whom the future looked extreme bleak because the mothers had been left to carry tl entire burden. In many instances the parents cou not otherwise have joined the labor force because the could not have afforded the cost of any other adequa day-care plan. Their discouragement might ult mately have taken the form of impatience with ar even rejection of their children. Some were your unwed mothers who through the program we helped to return to school.

Our rewards are many and so are our frustration The latter chiefly derive from the knowledge th we cannot begin to meet the needs of all of tl families who come to us from all over the city. W feel, however, that every bit counts.

We cannot nullify the difficulties involved in bein a day-care mother. Too often this personal service regarded as far less demanding than providing fost care because of the limited hours involved. Howeve it takes a very special kind of person to be able give love to a child every day without having fu responsibility for him. It means sharing but n taking over. It means learning to accept the child mother twice a day rather than only occasionally, in foster care. It means daily separation from tl child and the heartache that goes with separation.

The mother's role is central in this day care; h husband is only a shadowy figure in the backgroun Yet, the characteristics of the entire day-care famil are reflected on the child in day care though he ma never come in contact with some of its members.

Baltimore has come a long way in recognizing tl need for adequate day-care services but the city sti has a long road to travel. With expanded service an the use of casework skill based on maturity and e perience, family day care could play a major role i improving the opportunities of the city's children f healthy development.

professional ocial work vith Headstart nothers

STHER GLICKMAN

In New Haven, Conn., a Headstart nursery school has demonstrated how knowledge gained from clinical social work can be ap- ied in work with parents from very deprived back- rounds. The group approach was used to apply a bdy of knowledge that professional social work has ccumulated through years of practice in helping ople deal with the deeply gnawing anxieties that e part of the human condition and that are aggra- ated by harsh experience.

People who for generations have been deprived in most every way are poorly prepared to use not only e means provided to better the material aspects of eir lives but also to deal with the interpersonal roblems and inner conflicts that confound them and fect their ability to lead their children to better ves. With this in mind, the Family Service of New aven offered to provide a professional social worker work with a group of mothers of children enrolled a Headstart nursery school operated by Commun- y Progress, Inc., the New Haven community action roject.

Project Headstart, as operated by Community Progress, Inc., is based in the neighborhood and operates throughout the regular school year (mid-September to mid-June). When a child is enrolled in any of its nursery schools, his mother is encouraged to attend weekly group sessions to discuss problems that affect her child's attendance and performance. For the most part an instructional approach had been used by other workers with the mothers in an effort to fill the gaps in their understanding of what their children need.

The offer of the Family Service of New Haven was based on the belief that all problems of the family influence the child at school. The agency wished to demonstrate the effectiveness of methods going beyond environmental education. It believed that the stress inherent in maturation and in living in society, compounded by the burdens of social and economic deprivation, creates gaps in the development of people's ability to function within society and causes problems in the school, the family, and the community to develop.

This article reports on the work of the first group the social worker led, which met in school year 1964–65. When the teachers visited families to enroll children in the Headstart nursery school, they described the sessions to be held for mothers and enrolled those mothers who were interested. As the school had 15 children from different families enrolled, 15 mothers were eligible for the sessions. All 15 enrolled but only three attended regularly, two fairly regularly, and five intermittently. Many were absent because of illness in their children or in themselves. Some stayed away because chronic depression and current discouraging situations kept them from making the effort to attend. Others stayed away after highly charged subjects touching their own anxiety had come up for discussion.

The total group included four white and 11 Negro mothers. The three mothers in the core group were the only ones with intact families. The 12 who came more than once included a middle-aged widow, a woman separated from her husband, and seven unmarried mothers with three to six children each. All but one of the unmarried mothers received public assistance. The social worker's diagnostic impressions indicated that three of the mothers (the core group) had healthy basic egos, that another was highly intelligent but severely neurotic, and that the others had character disorders.

The social worker realized that the mothers needed help with practical problems as well as with psychological blocks that prevented them from receiving help from established and new resources. She found that involving the distrustful and discouraged client in meaningful relations is much easier when the mother can share her problems with a group of mothers like herself. She gained acceptance by offering understanding, support, and guidance in solving concrete problems and then by proceeding to help the mothers resolve some of their emotional conflicts.

The social worker gave concrete help through discussion of community resources and how to use them and encouraged the mothers to help themselves and each other. For instance, when one mother needed an apartment and the public housing authority refused her application because she was unmarried, members of the group reported every vacancy of which they heard and encouraged the mother to follow up on their leads. The group prevailed on another mother to get the medical help she needed.

The social worker also encouraged the mothers to take part in social action. When one mother mentioned that she had attended a parent-teacher association meeting, the social worker asked her to describe the meeting to the other mothers. Later, several other members attended meetings of the same organization and joined in its social action activities. When a mother told the group about another neighborhood nursery, one that accepted children as young as 2 years old, the social worker did not criticize the nursery for its low admission age but praised it for encouraging the parents to take part in civil rights activities.

The social worker dealt sympathetically with the mothers' tendency to "cry aloud" out of depression. Since most of the mothers had only thinly defended impulses and conflicts, work to uncover their inner feelings was not necessary. The social worker closed off the spontaneous expressions of raw violence from those with character disorders by making reassuring comments or by giving reassuring but valid interpretations, and was always cautious not to appear permissive. When signs of old trauma appeared, she offered guidance and tried to build in comfort. The social worker dealt with conflicts and with the mothers' negative transference to her when this occurred by clarification of the issues involved. Only rarely was the group silent. There was much "gaiety" along with serious talk, and the social worker took part in both.

The social worker frequently pointed out the universality of the feelings and needs the mothers expressed to dilute their sense of isolation. In this way too, she tried to bridge the gap of social class th mothers felt existed between them and the socia worker.

A varied content

The mothers probably had various motives for attending the group sessions since attendance was voluntary. Apparently, their chief motive was t help their children benefit from Headstart, but the seemed at first to understand only superficially wha the sessions were about. Information had got aroun the neighborhood that mothers had fun on trips an heard talks by important people like the mayor.

From the first meeting on, the mothers wanted t know how to discipline their children, how to giv them information on sex, and how to deal wit problems caused by separation. They discussed disc pline extensively, partly because they wanted thei children to conform to their wishes to ease the burde of parental care. They expressed discouragemer over the responsibility they had to bear with littl external or internal equipment.

The mothers asked for information on how t handle a child's fear of separation when his mothe went to the hospital or when the child was in th presence of unfamiliar guests or was in the Headstar class. The social worker explained in simple term the meaning to the child of such situations, and he explanation seemed to reach the mothers. As son of the most timid children began to play in the scho and lose their fear of separation, the mothers we encouraged to describe any changes in the children behavior at home. Their glowing reports of chang from timidity to self-assertion convinced others th conformity alone was not desirable. The group th discussed what kind of conduct was acceptable ar where to place limits on natural aggression.

To ease the mothers' discomfort, the social work at the first meeting described as natural a mother ambivalence toward her children and her guilt f feeling this way, but she found she had to repeat th continuously. The subject of sex education also r quired repeated explanation, usually prefaced by mother's airing her anxiety and distorted views.

Though the group discussion was not intended a means of family life education chiefly, much w presented on that subject, and the mothers were fr quently counseled on how to handle children's dev opmental problems. This type of counseling usual followed questions about eating and sleeping habi bedwetting, sibling rivalry, and fighting other children. The social worker described discipline as educational and as training for life. She gave new information only after the mothers aired long-held misconceptions and the group had discarded them as invalid. It was necessary for her to deal with negative feelings and erroneous ideas first to remove the emotional blocks that kept the mothers from really "hearing" and assimilating new material. She encouraged the mothers to talk about their experience at childbirth because it gave them emotional gratification and a feeling of achievement.

The social worker held weekly meetings with the three teachers of the Headstart program to exchange information about the mothers and children and to make plans together. Information obtained by the teachers from the mothers when they brought and called for their children illuminated family situations and parent-child relations and increased the social worker's understanding of the mothers' problems. Similarly, what the social worker knew of family situations helped the teachers understand problems concerning the children's attendance and performance. The social worker followed the children's progress in school and with discretion used the information obtained from the teachers and the mothers in discussions of child care with the mothers and in conference with the teachers.

The case stories that follow are examples that summarize the ideas and guidelines underlying the sessions and illustrate the methods the social worker used and the results they brought in her treatment of the mothers.

Airing feelings first

Anne, an unmarried mother of three children under 5 years of age, was supported by public assistance. She was emaciated, but seemed indifferent to her appearance. She rarely talked in the group sessions.

> When one of the mothers asked the group how to explain he death of her 2-year-old nephew to her children, some of he mothers said to tell them about "going to Heaven," but others rejected that idea. I [the social worker] pointed out that dults had to first settle their own feelings about death before hey could support a child facing the loss of a person close to him, and that they must not hide grief but must deal with it realistically with the child.
>
> As a graphic reference, I reminded them of President Kennedy's death and how they had seen his children on television at the funeral. In the case of a parent's death, I said, it is important to help the child understand that the parent did not choose to die because children often think their parents are all-powerful and could avoid "deserting" them by death if they wished. The mothers agreed. Pent-up feelings, I pointed out, can fester for years. I told them of a woman I had known who had shed her first tears over her mother's death when she was 40, though she was 7 at the time of the death. When someone asked her how she had felt then, she burst out crying for the first time since nobody had shared her grief when she was 7.
>
> Tears were streaming down Anne's face. When I gently probed her for the reason, she said that her mother had died when she was 16. I let her know that I accepted her need to cry and tried to comfort her by telling her that tears can bring relief.
>
> About a month later Anne began to wear pretty clothes and to fix her hair attractively. She said that she was having dental work done and had consulted a doctor about gaining weight. In the following months, she continued to improve both physically and emotionally. She took part in discussions and began to attend meetings of the parent-teacher association. In the next year, she was in another parent discussion group of mothers because her next child was enrolled in Headstart. She continued to improve, contributed to the group discussions, and at the end of the year was planning to take job training through the community action program.

Anne's case illustrates how an aspect of family life education was introduced to the mothers that led to the airing of feelings and how one member of the group served as a catalyst in arousing another's feelings. The social worker, by pointing up the need to openly grieve over death and using the method of telling a "story," prepared Anne for facing the pain of the trauma underlying her depression. As Anne's depression decreased, she apparently felt less guilty over her anger at her mother's death and more worthy of self-care.

Clarifying basic conflict

The second case is that of Pearl, an unmarried mother of six children, also supported by public assistance. An avid reader, she often contributed sound ideas about child care to the group. Yet her home was in shambles and her appearance at times was disorganized and slovenly. She was at first quietly

Esther Glickman is a supervisor-therapist at the Family Service of New Haven, Conn. She is also a lecturer in child welfare at the Smith College School of Social Work, of which she is a graduate. She is the author of the book, "Child Placement Through Clinically Oriented Casework" (Columbia University Press, New York, 1957) and of numerous articles in professional social work journals.

depressed, but after giving birth to her sixth child in December, she became overtly hostile.

Pearl's record at the family service agency, with which she had had one interview about 2 years before, revealed that her mother was an unmarried mother of 10 children and a prostitute. At the age of 14, Pearl had deliberately gotten herself pregnant to escape from home and, later, became a prostitute herself. She went to the agency in an effort to learn self-control. In the record, the agency's social worker commented that Pearl seemed ambivalent toward her mother, and had much feeling about her early experience and that these subjects should be the focus of treatment.

In the group, Pearl criticized the family agency and a psychiatrist she had consulted and said she had remained for only one interview with each because she felt "so stupid" she could not explain her problem. But without encouragement she then described it to us.

Several years ago, she said, she had thought that she was married but had found out that her "husband" was not divorced from his "first" wife. When she learned the truth, she had been so enraged she wanted to kill the man. In telling this, her hurt and rage came through in her words as her feelings mounted.

I told her that many people had such urges but did not act on them—that she herself had not. To wish or think something did not make it come true. I also explained that feeling "stupid" before the family worker and the psychiatrist was probably her reaction to fear, shame, and guilt. I assured her that no one who understood human nature would think the worse of her for having angry feelings.

Although Pearl told another mother after the meeting that it had been the best so far, she did not attend the next several meetings. After allowing her enough time to regain her defenses, the social worker went to her home three times without finding Pearl there. Messages on post cards brought no response. Finally, after Pearl's prolonged absence, the social worker wrote her a letter saying that she understood Pearl's reaction to fearsome wishes and that it made no difference here and inviting her to return to the group. Pearl appeared at the next meeting well-groomed and self-contained and attended twice more before the last session.

Pearl was silent for a long time when she returned, though I tried to engage her in the discussion. An opening came when I announced plans for a summer camp for the children in Headstart and mentioned a camp run by another nursery school in the area. As Pearl had expressed an interest in this school, I asked her to describe its program and its civil rights activities, which she did.

To my question as to how she had felt after the last meeting she had attended here, Pearl replied with vehemence, "I was upset at first but after a while it faded." She then added, "It was a good thing I brought out what I did as it changed my goal in life. If I had faced the problem earlier, life would have been different." She then said that she thought it was not too late to change and that she would "dearly love" to be married.

At a session 2 weeks later, five of the unmarried mothers, including Pearl, began to discuss why they were not married, and they spoke of how critical social workers and doctors were of them. I said sympathetically that I was sorry they found others lacking in understanding but, I reminded them, professional people are human too and personalities do not always "click." If they did not like anything about me, I continued, they could say so and I would bear no hard feelings. Pearl showed her embarrassment, but I let her know that I accepted with good nature her criticism of social workers and I, thus, cleared our relationship of her transference of hostility.

Because the mothers could not say themselves why they were unmarried, I suggested that one reason might be that they were so discouraged about themselves and circumstances that they did not care what happened.

Pearl then discussed her present life. In the past, she said, when she thought she was in love, it had only been sex and "bad sex at that." She had recently met a man whom she had known 2 years before in a sex relationship, but now "it was different." They both felt they were in love and were planning to get married. As she had worked hard since she was 11 years old and felt better when working, she said she would work at two jobs if necessary and do her housework too to support her children in a marriage. She had been thinking a lot in the last few months and had already begun to feel differently about life when she met the man again. I did not push her for further explanation, but suspected that when Pearl was freer of conflict her involvement in the civil rights movement and her interest in the man had helped her acquire a constructive self-image. But first, her basic hostility toward her mother, which appeared in all her other relationships, had to be relieved.

The social worker's show of concern and acceptance of Pearl's displaced anger seemed to help Pearl to move toward a healthy termination of treatment.

Belated growth

Cathy, another unmarried mother, lived with the father of her three children, a man who supported his family with earnings as an electronics technician. Cathy seemed highly intelligent and articulate, and had attended college for a year and a half. In the group, she frequently introduced violent subjects such as brutal beatings of women by husbands and lovers.

At the first session, Cathy raised the subject of a mother's overanxiety. At later sessions, her open expressions of rejection of her children were followed by avowals of devotion. She particularly did not like her oldest child, the daughter enrolled in Headstart, who she said was talkative, loud, and bossy. (The child's teacher confirmed this description.)

I explained conflicts in feelings in reassuring ways. Some of the other mothers confirmed what I said, including Lois, a warm, outgoing, married woman, the mother of four children, Lois served as a good identification model for the other Negro mothers, especially for Cathy, who respected and envied her.

Cathy complained of her own mother's coldness to her when he tried to discuss her problems. Lois told her to find a woman riend in whom to confide and so "get things off her chest." But Cathy said nothing would change from talk. Lois retorted that after she talked over a problem with a friend, she was able to ind the solution by herself.

Later in the sessions, Cathy and Lois grew closer. But not until Cathy went through a crisis was she able to handle any aspect of her anxiety. In January, she delivered twins, both of whom died shortly after birth. Cathy had thought there was something wrong with her pregnancy and had said so several times in the group. She appeared at a session 2 weeks after the birth, depressed but unwilling to discuss what had happened. Not until 2 months later did she begin o talk about the experience.

Cathy described the pain of her recent delivery, the arrival of twins when only one child was expected, and how she had earned from the babies' father of the death of the first and rom the doctors' and nurses' talk while gathered outside the nursery of the death of the second. Looking straight at me, she said, "It struck me then that if I had kept my big mouth shut, God wouldn't have punished me." I responded sympathetically by saying that nothing she had said or thought had caused the children's death; it had happened because they were ill. Lois and several other mothers said warmly, "Cathy, it would have happened anyway." When the discussion moved on to the topic of the mothers' reluctance to leave the "vacation" in the hospital to go home with new babies, Cathy said plaintively that she had hated to go home without a baby. I tried to let her know that I understood how empty she must feel.

Cathy continued to recover from her depression and grew more subdued and mature. She began to spend more time on her appearance and took part-time work as a nurse's aide. She told the group how much she enjoyed the work and that it helped her be a better mother. Meanwhile, the teacher at the Head-start school reported that Cathy's child had grown quieter and more self-contained and took part in group activities.

In early May, Cathy began to empty hostility directly at the social worker. She was critical of the sessions and said that a social worker's training could not equip a person to know how it felt to be turned away from decent housing because one is a Negro. She said she thought the social worker could improve the program by talking about the work of different community social agencies. For instance, the mothers should be told more about the family service agency and whether or not it only helps couples who are married.

As I accepted the hostility with equanimity, Cathy rushed on to say that she needed help in learning how to get along with her man. He was legally free and economically able to marry her and was a good father to their children, but he refused to marry her. He had all kinds of excuses, and he placed her on probation from one issue to another, dangling the reward of marriage if she complied with his wishes. He often criticized her and called her "stupid." She did not want to leave him because she thought another man would not love and support the children as well as he did.

Cathy said a psychiatrist she had once consulted to find out why she had gotten herself into this situation had told her that if her grandmother and mother had not married she would likely follow their example. Cathy said indignantly that the women in her family had been married for at least three generations and that she had grown up in a good family in a nice neighborhood. She had been a sophomore in college when she first became pregnant. She said that she regretted not having finished college and would like to make something of herself.

Lois and Sylvia, both happily married women, said that their husbands criticized them but that they spoke up or ignored it. Lois said, "I'm stronger than you so he doesn't hurt me," and then tried to make amends for her tactless statement. I said that Lois meant that she had more self-confidence than Cathy. The discussion then turned to why Cathy lacked self-confidence and whether the lack was connected with her dependency. I offered the opinion that perhaps her man sensed her lack of self-confidence and tried to get away with excessive criticism; that if she esteemed herself more, he might sense that also and treat her better.

At the end of the session, Cathy told the social worker that the session had been very helpful. The social worker told her that it might require more than one session to bring her the help she needed, to which Cathy agreed. But, soon afterward she obtained employment with hours conflicting with those of the sessions and did not attend again.

The crisis of the twins' death pushed into the open Cathy's deep pain and guilt, which had been self-defeating influences. The help she received from the worker and group lifted her depression. As she grew stronger, she was able to work on the problems of her unmarried state. After the social worker dealt with her hostile transference, she was able to share the problem with the group and to accept the support and guidance for growth the group and the social worker offered.

A deep depression

Vinnie, a woman of about 30, was separated from her husband, the father of her four children. She did not attend the sessions at first, but once she began she attended regularly for several months. She was drunk almost every time and exhibitionistic. Her clowning made the other mothers grin, but in embarrassment. In mid-January, Vinnie brought up the matter of her drinking in a joking way. As she had at least acknowledged the fact that she drank, the social worker felt that the best way to try to deal with the problem at first was to help Vinnie see its seriousness. The teacher of the Headstart group in which Vinnie's daughter was enrolled reported that Vinnie dearly loved the child, who came to school regularly, always prettily dressed. This information gave the social worker a clue on how to proceed.

I appealed to Vinnie through her concern for her child by telling her about a girl who had wept in my office because she felt lost whenever her father, her only parent, got drunk, as he became a stranger then. Vinnie made no direct response to this at once, but a little later she said that when she became angry and frustrated she "took to the bottle." She went on to minimize her drinking and implied that she did not overdrink because if she did her husband would try to take the children away from her.

At a session 2 months later, Vinnie, drunk again, said with a moan that she "had troubles" but that she could not speak of them. Instead, she raged against the housing agency for placing her in a neighborhood where her 10-year-old son was led astray by older boys. Lois told her firmly that she had lived in that block for 10 years and had had no trouble with her children.

Vinnie went on to rage against the school the boy attended for "picking on him." She called the teachers "whores," and said she was going to call them this in person. Four of the mothers tried to coax her to make an appointment with the principal and to "talk to him nice."

By this time Vinnie was sober, so I said that she must be hurt over something or she would not want to strike out like that. Vinnie said she was hurt because her boy was being picked on and that she was going to withdraw him from school.

After further advice from the group, which Vinnie angrily resisted, the social worker came to her rescue and said, "You must be pretty discouraged." Vinnie's anger turned to agreement. The social worker suggested that Vinnie talk about her boy's problems with her husband. At that, Vinnie said she never wished to see her husband again and launched into a description of the "troubles" she had felt unable to discuss at the beginning of the session.

"I love two men and I don't want to hurt either," Vinnie said. "Last Saturday night, my husband and my boyfriend got into a fight and cut each other up. My boyfriend is in the hospital and my husband is in jail awaiting trial." When I suggested to her that she felt guilty for what had happened, she admitted that she did. I pointed out that as they were grown men they were responsible for their feelings and had to learn to handle them better. Cathy asked Vinnie if she had provoked the fight. Vinnie said she had not because she had the right to a boyfriend as her husband had a girlfriend. I said this claim was valid if she conducted herself discreetly.

Vinnie came to the next meeting sober for the first time, remained calm, quiet, and subdued. She replied seriously to questions and said that she had felt better after the last session and had settled matters in her own mind. She had not gone to the boy's school. She said Lois was right about sharing a problem and that "it doesn't look so big after you get it out."

Clinical knowledge of Vinnie's character disorder provided guidelines for the social worker to follow in involving Vinnie in discussion while she emptied her anger, the cause of her drinking. The anger and guilt in her depression may have been alleviated sufficiently by the group to enable her to contain her impulse to strike out at the school and her desire to drink, at least temporarily.

Termination

About 5 or 6 weeks before the end of the school term, the social worker began to prepare the group for the end of the sessions. Attendance began to fall off. The sense of impending end apparently stirred old feelings of neglect and abandonment in many of the mothers and caused them to stop coming to avoid pain. Consequently, the next year's series included field trips to places of interest for the mothers at the end of the school year as compensation for something else taken away.

The application of social work technique through the group approach supported these mothers, most of whom could not face adult responsibility. Their inner feelings had to be dealt with before they could profit from the improved environment the antipoverty program might provide. Thus, the adaptation of clinical knowledge found in professional social work practice to the needs of mothers in a Headstart program for understanding themselves and their problems proved valid. The case summaries indicate that some mothers improved. However, a longer period of contact with professional help might have deepened and made more lasting the changes that appeared. It might also have brought observable benefits to more of the mothers who attended. Unfortunately the same group could not continue more than one year, for a new group had to be formed when another nursery class was enrolled. Unfortunately, too, the social work program had to be eliminated in its third year because of a reduction in OEO funds.

In the previous issue of CHILDREN, there is an article describing an experiment in working with groups of adolescent foster children conducted by the Division of Foster Home Care, Bureau of Child Welfare, New York City Department of Social Services. As a complement to that article, CHILDREN here presents an article on similar work with preadolescent foster children. As the reader will see, some of the problems the younger foster children are concerned about are much like those troubling the adolescents; others are different because of the different developmental stages of the children in the two programs.

preadolescent FOSTER CHILDREN in GROUP DISCUSSIONS

KENNETH W. WATSON ● HAROLD BOVERMAN, M.D.

Foster care is a way of life for thousands and thousands of children. Even when caseworkers direct their best efforts at preventing the need for children to be placed away from home, at returning children to their own homes, or at finding adoptive homes for them, a large and ever-increasing number of children will be raised in foster care in the next decade.[1] Growing up will be more complicated for these children than for children growing up in their own homes. Children's agencies have a responsibility not only to provide good care for these children but also to help them cope with the particular problems of being foster children.

Although they are aware of these problems, social agencies have not paid them much heed. Unless a foster child has symptoms of emotional illness, his problems as a foster child remain his own. One reason is, of course, the pressure on child welfare workers from large caseloads that leave them little time to do more than meet the child's need for a good place to live. A second reason may lie in the limitations of the one-to-one casework method.

How then can a child welfare worker help the foster child explore his particular problems and at the same time use his skill in casework to help the child resolve these problems? Holding regular casework interviews with the foster child who apparently has no serious problems may seem unnecessary to the child, intrusive to the foster parents, unrewarding to the worker, and wasteful to persons whose money supports the agency. Casework interviews with foster parents may improve the quality of the placement, but it cannot answer the questions that trouble foster children though they do not put them to their caseworker or their foster parents.

The Chicago Child Care Society, a voluntary agency, faced with trying to meet all the needs of the foster children in its care, decided in 1964 to explore

---

Based on a paper presented at the 1967 South Pacific Regional Conference of the Child Welfare League of America.

the possibility of using small group sessions as a method of reaching foster children. The agency's decision was based on the speculation that children who share a background of foster care might support each other in discussing openly the problems of their status in a group focused on foster care. It conceived of the project as a way to use a group method to reach a fuller understanding of the unique problems faced by children growing up in foster care and the methods they develop to cope with these problems and to move the children, through their anxiety, to seek out and more effectively use the agency's casework services.

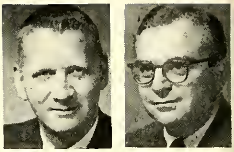
Although at first the agency considered forming groups of adolescent foster children, it decided that the problems normal in adolescence would complicate the task of focusing discussion on problems relating to foster care alone. For this reason, the agency chose children whose ages ranged from 8 to 12 years. Their membership was selected on the theory that the focus could be maintained more easily if the groups contained children of the same age and sex, without symptoms of emotional illness. In 3 years, five different groups were formed with from three to six members each. Each group met for an hour and a half once a week for five to seven sessions. The children in the groups had not known each other before the program began.

The agency's psychiatric consultant and its director of foster care and adoption served as the leaders of the groups. Before they began, the children's regular caseworkers explained to the children and their foster parents that the agency was starting the program because it wanted to learn more about foster children and their problems and that several groups of foster children would be meeting for this purpose. They answered questions about transportation, time, and the names of the leaders, but did not discuss any other details.

Getting under way

The leaders approached the first meeting without a format, guided only by the wish to keep the content as simple and straightforward as possible. They met with the children around a table on which they had placed a piece of plain paper and a box of crayons, in a small room, unfurnished except for the table and chairs, at the agency.

At each first meeting, the leaders introduced themselves and suggested that the children sign in with the crayons. Then they said directly: "We know that all foster children have certain problems because they are foster children. We would like to know what yours are and how you handle them."



Kenneth W. Watson, left, is director of foster care and adoption at the Chicago Child Care Society. **Harold Boverman, M.D.,** an associate director of child psychiatry at the School of Medicine of the University of Chicago, serves as a psychiatric consultant to the Chicago Child Care Society.

At the first meeting of the first group, soon after the leaders asked this question, Jimmy crossed his arms, leaned back in his chair, and said that he did not have any problems as a foster child. He was, he said, just the same as any other child. He was just as *good* as any other child. The other boys in the group looked relieved and nodded in agreement.

The leaders then said they wondered what kinds of problems Jimmy and the other boys thought a foster child would have if he had problems. Gus, after slowly clenching and unclenching his fists, said softly that a foster child might "get teased."

"But don't all kids get teased?" one of the leaders asked.

"I mean teased because he is a foster child and not living with his family," Gus replied. A tear rolled out of the corner of his eye, and he continued to open and close his fists.

The other boys were silent, but a common chord had been struck. Jimmy now looked to see what the leaders would do. When they made no effort to stop Gus's tears, he gave them a scornful look, quietly fumbled in his pocket, pulled out dirty handkerchief, and pushed it across the table to Gus, whose face was now wet with tears. The leaders knew they were in business.

Each group had children ready and willing to talk. The leaders' job was to keep them talking about what it was like to be a foster child. If a child started to tell a story about something irrelevant that had happened to him in the last week, a leader would gently interrupt with the question, "What does this have to do with being a foster child?" If a child complained about conditions in his foster home, a leader asked how he thought they would be different if he were not a foster child. If the discussion digressed, the leaders reminded the group that the group had "work to do"; if there was a lag, the leaders would ask a question to get things going again.

Once the children sensed the purpose of the meetings and the direction the leaders were taking, they frequently helped keep the discussion focused on their problems as foster children. At one meeting, for instance, when the group was restless and the talk was diffuse, a boy rapped his hand on the table and said, "All right you guys, let's settle down. We've got work to do. Sooner or later we're going to have to face up to these things, and it'll be a lot easier now than it will be when we're grown."

Some common worries

Three questions continually turned up in every group: What is wrong with me that my parents are not raising me? Who will take care of me tomorrow? Who am I and what will I be like when I grow up? Boiled down, they concerned self-worth, dependency, and identity.

Many of the children's problems concerning self-worth centered on why their own parents had given them up. In one meeting, for instance, this exchange took place.

Melvin asked Johnny, "Hey, how come your folks put you in a foster home anyway?"

"What about you? Why did your folks place you?" Johnny retorted.

"I asked you first," Melvin flashed back.

"Well, I don't know," Johnny said thoughtfully. "I figure that I must have done something pretty bad for my mother not to want me. I've tried to think what it could have been. I was only 10 days old when my mother got rid of me. The only thing that I can think of that a 10-day-old baby could have done wrong was to cry too much. I've thought back as far as I can and I don't remember crying *that* much."

In all the groups, the children were concerned about the bad behavior that they thought must have been responsible for their parents' decision to place them in foster care. At one meeting, Larry said: "The only reason that I can think of for my mother not to want me is if there is something terribly wrong with me or something terribly wrong with her. And either way I've had it."

Sometimes a child's concern about self-worth took the form of a defense against admitting that such concern existed. But the children did not hold each other's defenses as sacred. One day Jimmy insisted that a foster child was worth just as much as any other child, maybe more. He himself, he said firmly, was worth a whole lot, maybe a million dollars. As he talked, he nervously played with the box of crayons, carefully peeled the price tag off, and stuck the tag on his forehead. Gus, having listened to Jimmy talk and having seen his actions, said, "Jimmy, if you feel you're worth so much, why did you put that label on your head? It says 19 cents."

The children also frequently discussed the moves they had made and the permanence or impermanence of the foster homes in which they were living. Most of them had lived in more than one foster home. They said a child must find out whether a new home is "for keeps." It became obvious that much of their testing behavior was conscious. Billy told the group about the day he plugged up the wash basin and the bath tub, turned on the faucets, and went out to play. "What happened?" a leader asked. "I got a licking," Billy said. "Boy, I bet you got a good one!" Hank exclaimed. "I sure did," Billy said with a smile. "But it didn't hurt bad, 'cause I knew it meant I could stay."

In another group, a member, Tony, said that he always thought twice before he said anything. That meant he had to talk slowly, but he was sure that he never said anything wrong. A leader asked him what would happen if he did say something wrong. "I would get punished," he said. The group then asked what kind of punishment frightened Tony so much. "Would you not get to go out to play?" Roy wanted to know. "No TV?" Cy asked. "A whipping?" Roy asked. Tony shook his head to all these questions. Cy spoke up, "I know what punishment he's afraid of. He's afraid he'll have to move again." To this, Tony nodded his head.

In every group, the leaders talked about the agency and asked the children what function they saw it serving in their lives in the years ahead. In reply, one group in particular spelled out the possibilities. Bobby said that all he wanted was to reach 17 so he could quit school, join the Air Force, be on his own, and get the agency off his back. Lonnie said that was not for him. He liked the agency, and he hoped that it would see him through high school and maybe through college. Then he hoped it would help him find a girl to marry, a job, and a house. Joe said that he thought both Bobby and Lonnie were foolish. He did not know how long he would need the agency's help, but he sure would not want to cut it off when he was 17 unless he was sure he could take care of himself. He did not know yet whether he would be able to manage at 17, but he certainly expected to be able to take care of himself some day and not to need the agency the rest of his life.

In all the groups the children talked frequently about their own parents. Some saw their parents regularly or had met with them recently; others drew their ideas from fantasy since they could not remember their own parents.

Although David had never seen his own father, he said that he figured his father was one of the greatest men in the world and that he hoped he would grow up to be just like him. Fred, who saw his father regularly, said that he sure did not want to grow up to be like *his* father. David thought a moment. Then he said he really didn't want to grow up to be like his father because he really did not know what his "Dad" was like.

The leaders asked the group how foster children who had not known their parents know what they will be like when they grow up. Luke said that was easy for him: he just borrowed the characteristics he liked from the various foster fathers he had had and other men he had known and put them together and pictured himself like that when he was grown.

Of course, self-worth, dependency, and identity are subjects that every child is concerned about, but the foster child's concern is usually greater because he is being raised by people to whom he does not really or wholly belong.

The group process

The methods used to lead the groups developed from the leaders' awareness of the purpose of the meetings and from the unfolding pattern of the children's responses to the situation. The process in each group had certain characteristics in common. At first, the children denied there were any problems. Once the group was under way, however, the children shared problems and feelings about being foster children. The talk flowed freely, but as the children continued to talk they became anxious about what they were sharing and the questions the leaders posed. As a result, they were reluctant to get the meetings started on time, their stories became longer and less relevant, their attention spans shorter, and their conversations more diffuse. The increased anxiety led to changes within the groups. The natural leader was no longer the child who could best put his problems as a foster child into words but rather the child who could either keep the discussion away from subjects producing anxiety or who could throw oil on the increasingly turbulent waters.

Another step in the group process came at about the midway point. This was the gradual exclusion of the psychiatrist consultant as a leader. The children realized that the anxiety aroused at the group meetings was not going to be handled within the group but rather within their relationship with the agency. Since the consultant was not a full-time employee of the agency, the children turned to the agency's worker for leadership and the reassurance implicit in his presence that the agency would continue to help them once the group meetings were over. One group told the psychiatric consultant that the other leader was to take over the following session, and at that session they reminded him of this when he made a comment.

The meaning of the experience

The final step of the group process was to draw the experience together and make it meaningful for the children. By then, the members of the groups were friends, both inside and outside the groups. Children arrived early for meetings to have time to talk to each other and they left the agency talking and playing together. They were reluctant to have the sessions end, and suggested to the leaders that they hold a final party, a continuing series of meetings, or a reunion at a later date. In the last sessions, the leaders attempted to pull together a little of what had happened and to recognize with the children the meaning of the experience.

Helping the children identify the problems involved in growing up in foster care did not resolve their problems, but it did provide both direction and stimulus for their contacts with the agency. The leaders had to guard against the temptation to treat the children as the children's anxiety mounted. Their work was to find the problems, not to treat them. When they began, they did not fully realize the extent to which the children would become available for individual service and did not make allowance for this with the first group.

After the first two meetings of the first group, the leaders noticed that the boys looked for their caseworkers to say "hello." The caseworkers did not grasp the full significance of these "hellos," however, until one day a boy whose worker was on vacation asked one of the agency's other workers if she would be his "worker" that day. She asked him if there was something he wanted to talk over and he said "no," that he just needed to know that he had a caseworker handy. All of the children needed to know they "had a caseworker handy," and many of them were better able to use their caseworker's help after the sessions than before.

Donna's is a case in point. A bright, attractive, 2-year-old girl who had been seeing a caseworker egularly for several months before the group meetngs began. Donna barely got by at school and in er foster home. With the agency, she was manipulave and avoided real commitment to treatment. uring the time of the group meetings, Donna connued to see her caseworker and talked a great deal bout the group and her role in it. As the group ssions neared their end, she expressed her concern bout what would happen to her as the previous mited casework had not been enough to help her eet her needs. She insisted that she and her caseorker sign a contract to work together to do someing to improve the thing she liked least in her fe—herself.

ome results

For one boy, Mark, the group sessions led to adopon. In the meetings, Mark had insisted that most f what the group was talking about was irrelevant o him because he regarded his foster parents as his wn. He admitted that he sometimes felt as the thers said they felt, but he also said that the degree o which he felt concern was minimal because of the ecurity and permanence he had in his foster home. t was not the only foster home in which he had been, ut he had been in this one for several years. The oster parents, too, expressed concern because the gency had failed to see Mark as fully theirs. Mark's aseworker used the anxiety the group meetings reeased to explore with the foster parents the nature f their commitment to him, and they subsequently ecided to adopt him.

For another boy, Roger, the group sessions brought bout better understanding between him and his oster parents. Roger had seen his caseworker regurly, usually because of a problem at school or in e foster home. The focus of these interviews had lways been a specific difficulty; once the difficulty as past, the interviews seemed of little importance o him. After attending the group sessions, however, oger asked for an appointment with his caseworker nd talked with her not about the school but about e "things that were really" on his mind. Soon, he sked if his foster parents could come in with him nce he had to get some things straightened out with em.

As a result of their interviews with the caseworker, e foster parents and the boy lost their ambivalence oward each other, and each was able to make a commitment to the other. Now Roger knows where he will grow up; his school problems have disappeared, and he seldom has to call on the agency for help.

Casework coordination

The value of the group sessions was in a large measure the degree to which the experience they offered could be incorporated into the regular services of the agency. Some staff members resisted the idea of group services. Although the agency had 35 children aged 8 through 12 in foster care, the caseworkers could not think of a child to propose as a candidate for the first group. They resisted partly because they were confused over the goals of the experiment. Some workers were anxious about the sessions because they thought such a group might stir up quiescent emotions. Some were influenced by the possessiveness that can make caseworkers hesitant about involving "our clients" in unsought therapy.

Once the first group was under way, caseworkers whose children were included became enthusiastic. Their curiosity about what was happening to the children and their wish to be able to tie up their individual work with that of the group spurred their interest. After each group session, a leader would report to the children's caseworkers concerned about what went on and make specific observations about each child.

At first, the caseworkers were unprepared to meet the children's increased need for their help since the agency in planning the program had not given enough thought to how to handle the anxiety the group sessions might release. Once the children made their needs clear, the workers responded. For successive groups, the leaders planned more carefully.

The caseworkers also needed to allow more time for work with the foster parents of the children involved. Some of the parents were reluctant to have their children take part in the groups for many of the same reasons the caseworkers were hesitant. One couple removed their foster child from a group at the last minute and gave many reasons why he could not come. The leaders accepted the refusal but not the reasons. The foster parents' resistance provided an excellent opportunity for the child's caseworker to explore the meaning of foster care with them.

While their foster children were attending the group sessions, the foster parents became more involved with the agency. They called their workers more frequently to discuss the children and sought more casework time for themselves. In some instances, their increased activity reflected only their sense of greater involvement with the agency in working toward common goals. In others, it came as a result of their anxiety over the upsetting of a previous balance.

For example, one couple called to ask what the agency was doing to their foster daughter, Carol. The mother complained that Carol had become a different person, but that they had liked the old Carol better. Carol had been shy, quiet, and compliant. Now she was less withdrawn, more talkative, and self-assertive. In a group session, when one of the other girls had asked Carol why she was so quiet, she had said that she was only quiet on the outside, on the inside she was very noisy. She also said that she only pretended to be sweet and shy to get her own way. The caseworker had to help the foster parents understand the "noisy" Carol.

Weighing the results

Evaluation procedures were not set up as part of the project. Therefore, the success or failure of the experience can only be measured by its apparent effects on the children and on the agency. Certainly the problems and feelings of the foster children who took part seemed to be brought into sharp focus and reflected meaningfully through sharing in the groups.

The group sessions helped the agency see the problems of these children with greater clarity and improved its ability to plan effectively. For many of the children, the group was the doorway through which they were propelled to a meaningful relation with their caseworkers by the anxiety the group sessions released. For the staff and board of the agency, the reports from the group sessions underscored and dramatized the fact that a child welfare agency's responsibility must go beyond basic caretaking and planning.

An incident involving a boy named Johnny particularly illustrates this last point. During the fina session of one of the groups, the leaders attempte to get the children to draw together and to evaluat the experience. Johnny listened attentively bu seemed unable to take part in the discussion. I early sessions, he had been very vocal, but, i later sessions, as other group members discussed thei problems, he had grown anxious, withdrawn, an depressed. To involve him in the evaluation, on leader turned to Johnny, pretended to be his case worker, Miss V, and tried to put Johnny into th leader's role.

"Doctor," the leader said, "as Miss V, Johnny' caseworker, I would like to know how Johnny seeme to feel about the group meetings."

Johnny, responding as the leader, said: "Wel Miss V, Johnny was very quiet in the grou meetings."

"Why was that, Doctor?"

"I don't know, Miss V."

"Why do *you* think he was quiet?"

A long pause followed. Then Johnny, still playin the role of the leader, replied softly: "I guess it' because Johnny has so many worrisome things o his mind that he's afraid to talk about them."

"Why is he afraid?" the leader asked gently.

"Because . . . because he's afraid that nobody ca help him with them," Johnny answered.

But Johnny was not entirely right. From what sh learned about his problems through the group ses sions, Miss V was able to help Johnny work ou solutions to some of his problems.

THE AGENCY has continued to use such group session but because of its small foster-care caseload and th changing ages of the children served, it has expande its groupwork program and has developed a wid variety of groups with varying focuses.

---

[1] Low, Seth: Foster care of children: major national trends ar prospects. U.S. Department of Health, Education, and Welfare, Welfa Administration, Children's Bureau. 1966. (Multilith.)

> A great part of the hard-core of the unemployed is among our youth and their enforced leisure comes at a time when, in their restlessness and search for life's meaning, they are striking out against all of society's pressuring forces. And in striking out, they don't care whom they hurt—least of all themselves.
>
> *Whitney M. Young, Jr., executive director, National Urban League, to the 1967 forum of the National Conference of Social Welfare.*

an adoption agency requires the opportunity to contact . . .

the UNMARRIED FATHER in ADOPTION PLANNING

LINDA C. BURGESS

Adoption agencies have for years been deeply involved in the problems of the unmarried mother. It seems incongruous, therefore, that, th a few exceptions,[1] the unmarried father has mained an illusive ghost in most adoptive placeents. Only his pattern of disappearance is familiar: remains vague as an individual. In planning adoptive placements, social workers have relied on the nmarried mother's description of the child's father i spite of the distorted picture she is likely to give. he mother's distortion may be romantic, or it may flect anger or protectiveness, depending on the ture of her relationship with the father of her child. xperience has shown that as her pregnancy ad- nces she becomes more and more bitter and makes wer and fewer excuses for the father's failure to nd by her. In any event, her assessment is not pro- ssional and can be misinterpreted by the case- rker.

It is my impression that because of the difficulty ey foresee in reaching the unmarried father, adop- on workers have handled most adoptions without y firsthand information about the father of the ild. Their rationalization for not attempting to see e father is that the baby, regardless of his pa- rnity, is the same child and in need of adoption ether or not anything is known about his father. oreover, the father, unless he is married to the other, has no legal rights to the child. He cannot nd in the way of the adoption.

As the person seeking help with her problem, the unmarried mother becomes the client of the social agency long before the baby arrives. Her needs are the basis of the assistance the caseworker gives her. Most adoption agencies do not consider an interview with the unmarried father appropriate unless it serves the mother's needs. The viewpoint is understandable in maternity homes that do not place babies in adoption. It is less justifiable in family and child services where placement in adoption is a vital part of a comprehensive service. Inevitably the mother's pregnancy will terminate and with it the immediate problem for which she sought help. At that point, she should have been aided not only in making plans for her child but also in resolving her relationship with the child's father.

The child, however, will have the circumstances of his birth with him always. For a child born out of wedlock, the knowledge of his parents' extra legal relationship is much less significant than the unsatisfied curiosity and emptiness of knowing nothing at all about his father. He may rationalize that society's attitude toward illegitimacy is society's failure, but the emptiness he feels over the completely unknown is utterly personal.

Convinced of the child's right to know later that his father acknowledged his paternity and moral obligation and participated in the plan for his welfare, the Peirce-Warwick Adoption Service of the

Washington Home for Foundlings, a voluntary agency in Washington, D.C., in January 1962 adopted the following policy:

> **The Agency only accepts unmarried mothers who are willing that the unmarried father be contacted for cooperation in giving history and consent to adoption. Exceptions may be made when warranted and only at the discretion of the executive director.**

Acceptance of policy

Between January 2, 1962, and December 30, 1966, the agency handled 324 cases. The executive director made exceptions to the policy in 10 cases (in most of these to preserve a marriage that revelation of the expected baby's paternity would destroy).

The record of the experiment shows that it is possible to reach unmarried fathers.

Of 314 fathers whom the agency attempted to reach, 299 cooperated directly with the agency either by telephone, letter, or interview.

Of these 299 fathers, 261 made themselves available for interviews with the agency's caseworkers. Most of them were interviewed only once but some were interviewed several times and were given help with their own problems, although this was not the primary purpose of the interviews.

One hundred and ninety-six of the fathers signed a statement admitting paternity.

Ninety-seven of the fathers signed a statement denying paternity (usually on advice of counsel) but still gave the agency information on their background. In spite of the number who denied paternity, in only three cases was there valid reason to doubt the paternity.

Six fathers submitted background history without signing a statement regarding the paternity of the child.

Of the 324 cases handled in this period, 267 ended in adoption. (In most of these cases the child was born out of wedlock, but in seven of them a married couple had released their child for adoption.) In 52 cases the unmarried mother of the child kept the baby without benefit of marriage. In spite of the occasional renewed contact of mother and father, only two cases ended in marriage and the couple keeping the child. In three cases, the child for whom adoption had been requested was the child of a married couple who withdrew the request.

After the introduction of the new policy, we expected to handle fewer cases than usual, not only because of the additional time required to deal with the unmarried father but also because we thought t policy would be a deterrent to applications for he from unmarried mothers. But, instead, the caselo increased from 40 in 1961 to 70 in 1962, to 74 1963, to 83 in 1964, to 97 in 1965, to 135 in 1966, a to 142 in 1967.

Thus, contrary to our expectation, it has not be difficult to find unmarried mothers who will acce the agency's policy. This has probably been due part to the increasing need for adoptive placeme in the face of limited adoption services in our co munity. However, we have found that unmarri mothers-to-be who did not expect to be confront with the requirement of locating the father of the expected child have been quite willing to do so on they have understood the purpose of the policy. So have resisted the idea while still in the early stag of pregnancy but have succumbed to it later and ha been glad that they did. As one mother put it, "T pregnancy was mine alone, but the baby is his to

As our policy has become known in the comm nity, possible referrals have been screened by docto social agencies, and workers who were accustomed sending unmarried mothers to us. We do not kn how many more mothers might have accepted o requirements, given the opportunity of direct conta with us. We do know that in many instances of la referral, when no other local agency could handle t adoption, the reluctant unmarried mother did loca the father fairly easily and without the dire resu she anticipated. Many mothers have said they f greater confidence in the agency's work because the requirements placed on them as well as the stan ards set for adoptive parents.

If the unmarried mother accepts our conditio for service, we ask the father for—

1. An interview, unless distance and time preclu this. (Many fathers have come to the agency from far as 1,000 miles away.)

2. Completion of a background history form, i cluding full medical history.

3. Written admission of paternity signed a notarized, or if this is refused—

4. A written statement denying paternity.

5. Consent to the placement of the child f adoption.

It may seem illogical to expect a document denyi paternity to have any value, especially if the fath ias tacitly admitted paternity by submitting information about himself to the agency. We have found, iowever, that when admission of paternity is refused t is usually on the advice of a lawyer interested in protecting his client from possible suit. In any event, whether paternity is admitted or denied, the agency ias proof that the father has been notified of the idoption and has consented to it. Therefore he can nake no valid claim for the child at a later date.

The interviews

The agency's chief purpose in interviewing the father is to gather detailed information on his background and personality in order that selection of adoptive parents for his child may be intelligently related to the child's heredity. Having obtained a firsthand impression of his personality through an interview, however, makes it possible for the agency to give the unmarried mother greater help in seeing the true nature of their relationship.

In some cases we have interviewed both unmarried parents at the same time. Such joint interviews have particularly helped bring out the true intentions of the father toward the mother and the child. They provide the social worker with an opportunity to assess the relationship of these unmarried parents and to review the steps that have led them to seek adoption rather than marriage. Often an expectant mother still hopes for marriage even though she has come to the adoption agency and, in talking to the father in the presence of a third party, the social worker, realizes for the first time his rejection of her.

While the caseworker provides the father with an opportunity to clarify his feelings about his relationship with the unmarried mother and the child, the agency does not deal with the father's problems in depth. Providing the father with an intensive casework service has been precluded by the limitations on the agency's time and the increasing demands in the community for adoption placements.

However, we have no doubt that each father whom we have interviewed has benefited from the interview, whether he has been nervous, boastful, casual, or disdainful on coming to the office. After the first self-conscious minutes, he learns that our purpose in asking him to come is to help us in the adoptive placement of the baby and not to censure him. Relief and a sense of having fulfilled a responsibility have been the chief reactions of the fathers to these interviews. Almost without exception, they have eventually exhibited a sense of trust in the agency. Almost every one has allowed the social worker to take his picture at the end of the interview. These photographs have helped caseworkers with a large caseload keep the personality of each father in mind.

The agency has interviewed fathers ranging in age from 14 to 51. The 14-year-old had married the girl when he learned she was pregnant and was confident of his ability to support the child on his income as a paperboy. The 51-year-old father was a bachelor who felt he was not ready for marriage. In many cases the unmarried father is as confused and immature as the unmarried mother and has the same strained family relationships, the same neuroticism and aimless drives.

A few of the unmarried fathers we have interviewed were foreign students from countries where adoption is unknown, and they did not understand its meaning. Sometimes it has been difficult for them to understand that before the adoption takes place only the unmarried mother has legal right to the child. Their first impulse has been to take the children to their families in their home countries. Some have regarded adoption as an uncivilized practice.

The father's reactions

However, only rarely does an unmarried father wish to keep his out-of-wedlock child, whereas a mother's wish to do so is almost universal. Having fulfilled his function as a male, the unmarried father can easily shed his emotional awareness of paternity. He is well over the shock of knowing he is a prospective father when the mother is in her most intensely emotional period. The mother's immediate love for her child seems normal; the same emotion in the unwed father suggests a neurotic twist. The agency makes a special effort to help the unmarried mother understand the differences between emotional reactions in men and women, for her failure to do so

---

Linda C. Burgess has been executive director of the Peirce-Warwick Adoption Service of the Washington Home for Foundlings, Washington, D.C., since 1961. Previously, she worked with unmarried parents at the Barker Foundation in Washington, D.C. She has also done medical social work at a mental health clinic in Highland Park, Mich., and at hospitals in Evanston, Ill., and Boston. She received her master's degree in social work from the Simmons College School of Social Work, Boston.

often results in false hopes or in bitter resentment.

The usual unmarried father does not inquire about the baby after the birth; he denies any feelings he might have for his child. His emotional involvement is with the mother, and any feelings he might have for the child depend on his relationship with her.

The unmarried father who has proposed marriage and been turned down has a particularly bitter time. He has no claim to the child, and thus is doubly rejected. Out of resentment, some fathers at first demand to keep the child, but the 9-month waiting period usually blunts this impulse.

The teenage unmarried father is often too young to react with much sensitivity to his situation. The significance of bringing a child into the world moves him only slightly. While the young unmarried mother often becomes more mature during her pregnancy, he remains in adolescent confusion. Only when the young father's contact with the unmarried mother is continuous does he grow with her from the experience. Often he is deprived of the opportunity by an overprotective or punishing family.

Often demands for the child's support made of the unmarried father by the unmarried mother's parents result in bitterness between the two families and make the father's contact with the agency difficult. These are usually the cases involving lawyers.

Lawyers never dispute the good sense of our policy of trying to make the most appropriate placement for the baby, but they often resist cooperating with the agency because of their responsibility to protect their clients. Sometimes a lawyer holds the agency's papers requesting information of his client until notified that the unmarried mother has signed a relinquishment of parental rights, thus making support of the child no longer an issue. Some lawyers seem unable to believe that the agency will not use information received from the father for purposes unconnected with the adoption even though under District of Columbia regulations the confidential material of adoption agencies cannot be released for any other purpose than the court action in adoption. Others, however, can be won over to encouraging their clients to cooperate with the agency.

We regard both the unmarried mother and the father as the agency's clients and so respect the confidentiality of what we learn from either of them. We do not involve ourselves in any disputes they may have about money. We do not ask money from either for our services or for the foster case of their baby. In general, we keep out of their quarrels and usually remain in the good graces of both.

After 4 years of this experiment, we regard it as highly successful. Its most impressive benefit has been the aid it has given the caseworkers in choosing adoptive parents for the child. We have found that when the father as well as the mother is known personally to the agency and the background information on each is complete, the agency cannot ignore what it knows about each one in planning for the child. Until science can distinguish between the kinds of qualities that are acquired and the kinds that are inherited, social workers must act on the basis of their own judgment in choosing the best parents for the child awaiting adoption.

For the sake of the child

Knowing the father as well as the mother of the child has tended to make us "matchers" in adoption. We have new confidence in our placements because we feel we know enough about the baby's background to make an intelligent choice. The picture of the child's natural parents—including information on their intelligence, racial background, personalities, special abilities, family stature, health, and other factors—gives the agency an important indication of the genetic possibilities of the child. In early placements, this seems to be as valid a basis for decision as any others.

Contacting the unmarried father takes time, patience, and conviction. This conviction rests on a shifting from the usual practice of regarding the unmarried mother as the client to that of realizing that the unborn baby is the ultimate concern and the one most likely to respond well to efforts made for his protection. Of the three people involved in a birth out of wedlock, the baby is the innocent party with a lifetime ahead of him, the person not yet damaged by life's experience, the one for whom all protective measures possible must be taken.

It is for the child's welfare that we make demands upon his natural mother and father. It is for his welfare that we disclose information about them (barring identifying data) to his adoptive parents. When this information is passed on to him as he grows older, he can take some pride in knowing something about his natural father and mother and something about their personal relationship. Could this be an answer to the adopted child's inevitable search for identity?

---

[1] Pannor, Reuben: Casework services for unmarried fathers. *Children,* March–April 1963.

an essay review

"to redress the balance . . ."

IS VIOLENCE NECESSARY?

JAMES FARMER *Professor of Social Welfare, Lincoln University (Pennsylvania)*

"Sometimes," said Bigger Thomas in Richard Wright's *Native Son*, "I feel like I'm on the outside of the world, looking in through a knothole in the fence." That was nearly 30 years ago and Bigger Thomas, the fictional prototype of today's alienated black ghetto youth, voiced a "gut feeling" shared by millions of dark-skinned folk throughout the world. Many in the intervening years have banged the fence down, some have vaulted it, and others have started a new ball game on their side of it. In most instances, in Asia, Africa, and the islands of the seven seas, the changes of the past generation have been various amalgams of banging, vaulting, and new ball games.

With a perception often missing from such analyses, Saul Bernstein, in his book "Alternatives to Violence: Alienated Youth and Riots, Race and Poverty,"* sees America's urban problems in that context: "Nonwhite minorities in the United States are part of this widespread effort (racial and ethnic identification among colored peoples of the world) to redress the balance [and] to provide for dignity. . . ."

I do not think that anyone can grasp the full meaning of the fierce energies driving black youth today except by seeing them as part of the waters of the tidal wave of nationalistic assertiveness that swept Asia and Africa in the wake of World War II. Africa is particularly relevant, for what the black man thinks of himself is tied in a special way to what he thinks of Africa.

His rebellion against conditions under which hitherto he was acquiescent is also tied, as Bernstein sees, to civil rights activities of the past decade. Though such activities have rarely involved the truly alienated person, they have made him think of himself as "somebody" and have raised his sights to what he should demand of life. Civil rights victories have not remedied *his* real life condition: they have merely given more mobility to those who already had some—the black middle classes. For the poor and alienated ones, this has meant only a further widening of the gap separating him from the educated, the skilled, the affluent, the lucky—black and white—and has thus produced a fierce anger.

Our pitifully small antipoverty program has not removed poverty any more than a hand pump could remove Lake Erie. While it has elevated some, perhaps its greatest achievement has been its spawning, through its insistence on "maximum feasible participation of the poor," of a bursting self-awareness among the alienated and the poor, especially among the former "invisible poor" of the ghetto slums.

By any democratic standards, this new awareness is a positive force speaking ultimately to the extension of democracy and the achievement of a participatory society in America. But in the short term, the aberrations may be destructive and negative. The patient has retched with a terrible violence, and his upheaving bespeaks a desperate sickness not only in himself but in all of us in this society who have allowed his ills to go unattended so long.

Continued retching will rend the society. And it may kill the patient. We must indeed find alternatives to violence. Bernstein has at once searched for causes and looked for solutions. It does not demean his search to say that he has found nothing new in the way of causes and has come up with no original answers. What is wrong is pretty well known by now by anyone who is close to "where the action is," and the broad outlines of essential programs have been sketched piecemeal all over the map.

Seeing the fabric whole

Where Bernstein makes his greatest contribution is in showing the complexity of the problems confronting us and in stressing persuasively the interrelatedness of their various parts. That is a real service. There follows logically the need for comprehensive and coordinated solutions.

The pilot project approach should be abandoned. "Pilots" have proliferated in disparate communities around the country, proving, re-proving, and then again re-proving one or another social hypothesis, but only scant efforts have been made to consolidate their findings and only haphazard moves to advance from pilot project to coordinated program on a national scale. Roosevelt did not institute pilot projects in 1932—the situation was far too critical. It is hardly less critical today.

If there is anything less useful in meeting our awesome urban problem than more pilot projects it is the wish to set a scale of priorities and deal first with one and then in due time another problem on down the line. "There are limited funds available," it is said, "so let us work first on jobs or housing or schools or the family, and when that is done tackle the next on the scale."

---

*Bernstein, Saul: Alternatives to Violence: Alienated Youth and Riots, Race and Poverty. Association Press, New York. 1967. 192 pp. $4.95.

Unhappily it will not work. As Kenneth Clark has pointed out, the interrelatedness of the parts of the urban problem is so great that unless we attack all at the same time, the work we do on any one is bound to fail. Jobs for parents affect education of children. So does housing. And jobs affect housing and housing affects jobs. And education affects jobs and housing. And the quality of family life affects all and in turn is affected by all.

If it is futile to work on one part of the problem and not at the same time work on all others, it is just as unproductive to work on any part just a portion of the way. Headstart, for example, is a good program. But it is now widely recognized that it is a "false start" if not extended upward through elementary and secondary school.

What is not fully realized though is that it will remain a "slow start" unless it is also extended downward below the kindergarten age—down, indeed, to before birth. In Israel, for instance, as Charles Silberman has pointed out, to deal with the problem of acculturation and achievement among "Oriental Jews," a prenatal program is in effect wherein mature social workers, trained for the task, visit the parents before the expected childbirth, discussing with them the importance and the methods of playing with the infant and how to talk to him, arouse his curiosity, and stimulate his creativity at the earliest possible age. Appropriate toys are lent to the parents to aid them in their formidable but formative tasks.

Obviously, for that to be effective, the parents must be worked with extensively and frequently visited. What an exciting opportunity that would be in our country for college students, recent graduates, and mothers with free time who want their lives to be meaningful.

The urban problem is, as Saul Bernstein shows, of a whole fabric, not of isolated threads.

Accent on self-help

An important thread in the composite fabric is the need for the development of self-reliance through self-help. One of the weaknesses of the traditional social service approach has been a tendency to do things for people rather than to help them do those things for themselves. Free a man and he is not free. Vital to the goal is the process; he must free himself. The hand of assistance is offered, and it is now sometimes bitten; too often in the past it has been the hand of paternalism and has rested so heavily on the heads of people that it has stunted the growth of their self-reliance.

Beneath the rhetoric, a determined rejection of paternalism is the meaning of the demand currently being voiced in urban ghettos for community control of schools, of economic development, of housing, of the many diverse programs being contemplated for and in the ghetto.

It is precisely this demand that in my opinion comprises the single most significant new thrust in democracy today. Black America's budding awareness of self, though often explosive, has given tremendous impetus to the idea among the consumers of goods and services of organizing themselves systematically to protect their common interests.

When workers organized as workers they added a new ingredient to democracy, extending and redefining freedom. No longer were employers the exclusive masters of the economic life of the Nation. They had to contend with workers whose primary concern was, as it should have been, with their own valid rights as *employees*. But a large segment of the population is left out of that equation though it is directly affected by the decisions made. That group is the great mass of people whose self-interest and primary concern is with the *product*. They are the consumers of the goods and services, and to protect their interests they now agitate and organize to join and in some fashion to transform the confrontation from bilateral to tripartite. They do not, or should not, seek to replace organized labor, but to add a third factor to an incomplete equation. Without their role, at best there will be paternalism and, at worst, neglect.

Parents represent their children as the consumers of the education that the schools supply, and their demands are now familiar. Tenants are consumers of housing, whether or not in the slums, and the rent strikes are a weapon they have adopted to protect themselves. In many city housing projects, tenants are now organizing and demanding more control, demanding even that the buildings become cooperatives. Housing authorities would be well advised not to fight this move, but to set up machiner even before the demand, to effect o derly and responsible transfer of co trol. Self-help is superior to benevolen paternalism.

Public assistance recipients consum the services of welfare department too, and they are organizing to secu the rights guaranteed them by statut and to achieve constructive changes i the law. People in the ghetto are organizing as consumers of goods, too. An so on.

Many people find this new consume battle for democracy terrifying, but s seemed the labor demands in the earl days. True, it will complicate life n end for administrators and manager for it means that they will have to dea not with one but with two elements but the complexity itself is splendi for that is an extension of democrac It also offers an alternative to violence people do not destroy what they ow control, or have an important stake in.

If we can survive the violence of th present and look beyond it to prepar the comprehensive programs that ar needed, we may glimpse a new majest a new dimension of freedom being bor

---

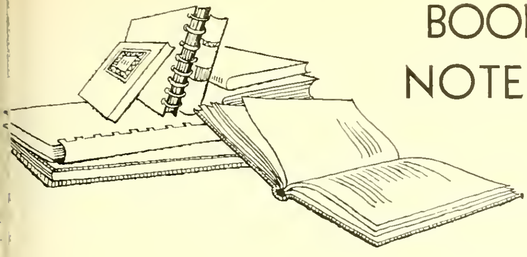
new textbooks

BEHAVIOR PROBLEMS OF CHILDREN. Elinor Verville. W. B. Saunders Co., Philadelphia, Pa. 19105. 196 567 pp. $7.75.

CHILD DEVELOPMENT: an individual longitudinal approach. Lelan H. Stott. Holt, Rinehart and Winston New York, N.Y. 10017. 1967. 513 p $8.50.

FAMILY SOCIAL WELFARE: helpin troubled families. Frances Loma Feldman and Frances H. Scherz Atherton Press, New York, N.Y. 1001 1967. 386 pp. $8.50.

FOUNDATIONS OF PEDIATRI NURSING. Violet Broadribb. J. P Lippincott Co., Philadelphia, Pa 19105. 1967. 573 pp. $7.50, cloth bound; $4.90, paperback.



BOOK NOTES

GROUP TREATMENT OF AUTISTIC CHILDREN. Hubert S. Coffey and Louise L. Wiener. Prentice-Hall, Englewood Cliffs, N.J. 1967. 132 pp. $4.95.

This book discusses group therapy experiments in a day-care center for autistic and borderline autistic children and children with behavior disturbance as carried out by the East Bay Activity Center of Berkeley, Calif. According to the authors, the center uses the children with behavior disturbances as a "catalytic" group for the others because they can talk, have some ego strength, and can distinguish between reality and fantasy. The center encourages the children to interact with each other so that the autistic children will copy the speech of the others.

The authors point out that, as the treatment has been particularly successful with children with borderline autism, it is important to distinguish between the child who is truly autistic and the one with a borderline case. They discuss the nature of childhood autism and schizophrenia, the function of group psychotherapy with these children, the relation of a program at a day-care center with a public school program, and the center's work with groups of parents. They include many illustrations of the procedures at the center and their effect on specific children.

CHILDBEARING—its social and psychological aspects. Edited by Stephen A. Richardson and Alan F. Guttmacher, M.D. The Williams & Wilkins Co., Baltimore, Md. 1967. 334 pp. $8.50.

This book reviews research findings on the social and psychological factors influencing pregnancy, delivery, and outcome; discusses some issues in research of this type; and suggests areas for further research. Its five parts, each by a different author or authors, deal with psychological and social factors in abnormal physical reactions to pregnancy; the effects of cultural patterns of childbearing on mother and child; the relationship of the mother's physical, psychological, and social condition to congenital defects in children; the influence of social conditions and maternal behavior on the outcome of pregnancy; and social-environmental factors affecting reproduction and offspring in nonhuman mammals.

CHILDREN IN JEOPARDY: a study of abused minors and their families. Elizabeth Elmer. University of Pittsburgh Press, Pittsburgh, Pa. 1967. 123 pp. $5.95, clothbound; $2.50, paperback.

The only solution to the problem of parental abuse of children is to "alleviate, with imagination, sympathy, and vigor" the social ills afflicting "those who strike the blows," the author of this study of abusive parents and abused children maintains. The study included 31 families with 33 children who had been treated at Children's Hospital of Pittsburgh for multiple injuries revealed by X-rays. The researchers divided the 33 children into three groups: 22 termed abused; four, nonabused; and seven, unclassified. The study was based on interviews with parents and information obtained from community agencies and schools.

The abusive parents were below average in income—at least a fourth were on public assistance—the author reports. They seemed to have been under great stress from many related problems at the time of the abusive act. The mothers were apathetic, unsocial, and troubled by great emotional conflict, and, if in one-parent families, more abusive than others.

A greater proportion of the abused children had been born prematurely than of children in general, the author points out. Mental retardation was proportionately highest among the abused children in the three groups studied, she reports, but points out that when they were placed in better environments, the children who had been abused usually improved.

The "most distressing implication of these findings is that the abused children of today could all too easily turn into the abusive parents of tomorrow," the author maintains.

SOCIOLOGICAL CONTRIBUTIONS TO FAMILY PLANNING RESEARCH. Donald J. Bogue, editor. Community and Family Study Center, University of Chicago, Chicago, Ill. 1967. 409 pp. $5.

This collection of eight papers is the first of a series of reports that will summarize the findings of a comprehensive program of research in family planning sponsored by the Community and Family Study Center of the University of Chicago. The papers included here report on studies of the attitude of Negro and white people toward family limitation; the relationship of socioeconomic status to views of "ideal family size"; the content of publications on family planning; the effectiveness of the use of birth control methods among low income Negro families; the attitude of men toward methods of birth control; birth control in an area of the rural South; the influence of neighborhood leaders in the dissemination of family planning information among low income groups; and the influences affecting the desire for children in a rural area of Thailand.

Contrary to popular belief, uneducated, low income people are not indifferent to the number of children they have and both men and women would like to limit the number, several of the studies found. One investigator reports: "*. . . we have found that low-income, low-educational attainment, and poor knowledge of reproduction may be handicaps; but they are not barriers* *to the successful adoption of family planning.*"

RETRIEVAL FROM LIMBO: the intermediary group treatment of inaccessible children. Grace Ganter, Margaret Yeakel, and Norman A. Polansky. Child Welfare League of America, New York. 1967. 117 pp. $3.25.

The clinical experiment conducted by the Cleveland (Ohio) Guidance Center described in this book offered "a new pattern of treatment to emotionally disturbed children" to provide them with some of the advantages of residential treatment while they lived at home through direct work with them and with their parents. The experiment offered highly structured, intensive group treatment for the children to increase their organizational unity and to develop their capacity for self-observation. It also included groupwork and casework with the parents and work with the family as a whole. The experiment was called "intermediary" because its first purpose was to make the children ready for treatment.

According to the authors, of the children first selected for treatment, percent completed the program and percent went into individual thera in the regular outpatient program the clinic. About 60 percent proved cessible to treatment "by a subsequ trial in treatment." Many of the ch dren for whom institutional care h originally been recommended were a to go into outpatient treatment. A there was evidence of improvem both in the children and in th parents.

---

guides and reports

DIRECTORY OF HOMEMAKER-HOME HEALTH AIDE SERVICES IN THE UNITED STATES AND CANADA, 1966–67. National Council for Homemaker Services, 1740 Broadway, New York, N.Y. 10019. 1967. 181 pp. $3.

Lists, by State, Province, and city, 899 agencies in the United States (including Puerto Rico) and Canada that provide direct homemaker-home health aide services to families and individual clients in times of need. Information on U.S. agencies includes each agency's address and telephone number, the type of agency, the area it serves, and the type of service it offers.

PSYCHEDELICS AND THE COLLEGE STUDENT. Student Committee on Mental Health, Princeton University, Princeton, N.J. 08540. 1967. 23 pp. 50 cents. Discounts on quantity orders.

A discussion of the use of drugs on campuses, with special reference to the legal, social, and medical aspects of marijuana and the use of LSD.

SEX EDUCATION AND THE NEW MORALITY: a search for a meaningful social ethic. Proceedings of the 42d annual conference of the Child Study Association of America. New York, March 7, 1966. Columbia University Press, 2690 Broadway, New York, N.Y. 10025, for the Child Study Association of America. 1967. 90 pp. $1.95.

Contains four papers and the transcript of a panel discussion on the relationship of sexuality to personal identity, the influence of social change on sexual attitudes and behavior today, and new approaches to sex education.

MENTAL RETARDATION: a symposium (from the Joseph P. Kennedy, Jr., Foundation). George A. Jervis, M.D., editor. Charles C Thomas, 301–327 East Lawrence Avenue, Springfield, Ill. 62703. 1967. 248 pp. $9.75.

Brings together 14 technical papers on biological and behavioral studies in mental retardation presented at two symposia.

GUIDE FOR THE CARE OF INFANTS IN GROUPS. Sally Provence, M.D. Child Welfare League of America, 44 East 23rd Street, New York, N.Y. 10010. 1967. 107 pp. $2.50.

Offers suggestions to child-care workers and other persons responsible for the group care of infants without families on ways of providing infants under 2 years of age in group living with the care, stimulation, and opportunity for learning necessary to healthy growth and development. Also, discusses characteristics of normal developm of infants at various stages of the firs years of life.

OUR TROUBLED CHILDREN—O COMMUNITY'S CHALLENGE: p ceedings of a symposium sponso by the Edwin Gould Foundation Children, held at Arden House, H riman, N.Y., April 12–14, 1966. C piled by Russell B. Wight. Colum University Press, 440 West 11 Street, New York, N.Y. 10025. 1 103 pp. $5.

Contains position papers and gr discussion reports of a conference conditions and practices that contrib to deprivation, dependency, and neg of children in New York City and w of dealing with them.

TARGETS FOR IN-SERVICE TRA ING: report of a seminar conve in Washington, D.C., May 4–5, 1 by the Office of Law Enforcement sistance and the Joint Commiss on Correctional Manpower and Tr ing. Joint Commission on Correcti Manpower and Training, 1522 Street, NW., Washington, D.C. 20 October 1967. 67 pp. Single co available from the Commission.

Presents papers and summaries discussions given at a seminar on service training programs in cor tional agencies concerned with var methods in relation to objectives with problems in measuring the e tiveness of such programs.

HERE and THERE

ocial Security Amendments

On January 2, 1968, the President gned the Social Security Amendments 1967 into law (Public Law 90–248). addition to increasing the benefits d broadening the coverage of the old- e, survivors, and disability insurance stem, the amendments make both pro- am and administrative changes in e Social Security Act's provisions for ants to the States for services to milies and children. They include new ovisions to foster independence in as- stance recipients, specifically encour- e the establishment of family plan- ng services, and require the use of bprofessional workers and volunteers health and welfare services.

Administratively, they consolidate e maternal and child health and ippled children's programs by provid- g a single authorization for expendi- res for such services and, with a few ceptions, requiring a single plan from ch State. They require services under ate programs of aid to families with pendent children (AFDC) and child elfare services (CWS) to be brought gether in a single organizational unit the State welfare department, except States with separate departments r child welfare. They also bring the FDC and CWS provisions into prox- ity within the Act itself by transfer- ng the child welfare provisions from tle V to Title IV, where they become art B.

AFDC. The new amendments put the st ceiling the Act has ever had on the mbers of assistance recipients in any sistance category by limiting the pro- rtion of children of absent parents in ch State for whose assistance the ates can get Federal AFDC funds. fective July 1, 1968, the monthly limit is set at the same proportion of the State's child population as was represented by children receiving assistance because of the absence of a parent on January 1, 1968.

Other AFDC provisions require State AFDC plans to provide for—

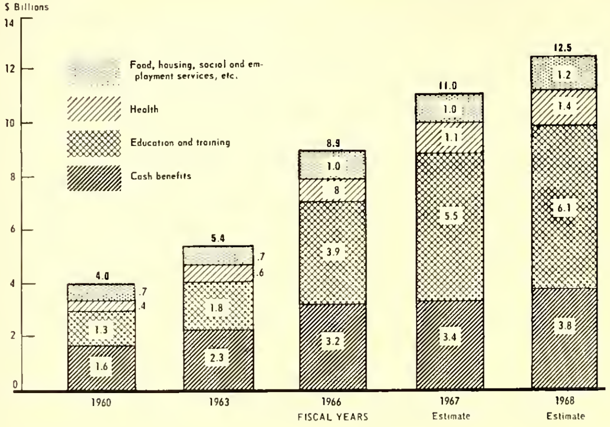
- The development and application of a program of services for each child and adult in the recipient family to develop or maintain a capability for self-support, to strengthen family life, to foster child development, and to prevent or reduce the incidence of births out of wedlock.
- Child-care services for the children of parents referred to a new "work incentive program." Day care provided must meet the same standards of care as the day-care services provided under the State's child welfare services program.
- An offer of family planning services "in all appropriate cases." Acceptance of the offer is not to be required for continued assistance. The family planning services can be provided directly by the welfare department or through utilization of other agencies.
- Participation in a three-part "work incentive program" to be administered by the Department of Labor through the State employment service. The State agency must refer all "appropriate" children over 16 not in school and all appropriate adults in families receiving AFDC to the State employment service for placement in employment or training courses. Persons refusing such placement are to be disregarded in computing a family's need for assistance, and "protective or vendor payments" are to be made for their dependents. Incentives for acceptance are to be provided by allowing for part of the earnings to be disregarded in determining a family's need for supplementary assistance. The three parts of the work incentive program are to provide for (1) placement in regular employment or in on-the-job training projects with an incentive exemption of the first $30 of monthly wages plus one third of the remainder; (2) placement in work experience and training courses provided in public or nonprofit agencies for not more than a year, during which placement the family will receive its regular AFDC grant plus an allowance of not more than $30 a month provided by the Federal Government; (3) placement, at the legal minimum wage, if applicable, in a special works project provided by a public or nonprofit voluntary agency under contract with the employment service, the welfare agency providing the assistance payment to be included in the wages and disregarding at least 20 percent of the earned income in computing a family's need for continued assistance.

Other provisions authorize Federal participation on a 50-percent basis in payments up to $500 for needed repairs to homes owned and occupied by public assistance recipients; raise from $32 to $100 the maximum average monthly payment in which the Federal Government will participate for the foster care of certain children placed by court order and broaden the definition of children eligible for such payments; authorize Federal participation in emergency assistance to a maximum of 30 days; and raise the limitation on protective or vendor payments from 5 to 10 percent of the caseload, not counting those made because a person refuses to participate in the work incentive program.

The amendments also authorize the use of Federal AFDC funds to provide services to promote independence and strengthen family life—including family planning services—to applicants for assistance or families deemed likely to become applicants. All such services, whether to recipients or nonrecipients, are to be supported on a 75-percent matching basis (85 percent until June 30, 1969).

CWS. The provisions for child welfare services remain essentially unchanged except for increases in authorized expenditures and a new requirement relating to State plans for day care. Ceilings for appropriations are set at $55 million for fiscal year 1968; $100 million for fiscal year 1969; and

FEDERAL EXPENDITURES FOR CHILDREN AND YOUTH



The above chart is contained in a report, "Federal Programs Assisting Children and Youth," issued in February 1968 by the Interdepartmental Committee on Children and Youth. The figures are based on reports from Federal agencies regarding programs largely for children and young people under 21. While it shows a steady increase in expenditures for such programs during the 1960's, the report points out that the 1968 figures average less than $153 per child under 21 for the approximately 82 million children in the U.S. population. In this average, education and training account for $74, and all other programs—including cash benefits and health, nutrition, welfare, employment, housing, and other services—account for $79. These 1968 figures are based on the Administration's request for 1968 and not on the much lower congressional appropriation.

In addition to expenditures, the report presents demographic and social facts about the country's child population—estimated to be 40 percent of the total population—describes specific programs and goals, and analyzes unmet needs. Single copies of the report are available from the Children's Bureau.

$110 million for each fiscal year thereafter.

The new day-care provision requires arrangements for the involvement of parents in day-care programs.

Child Health Act. The amendments consolidating the programs of maternal and child health (MCH) and crippled children's (CC) services under Title V—named the Child Health Act of 1967—authorize a combined expenditure of $250 million for fiscal year 1969; and add $25 million for each subsequent fiscal year through 1973, and $350 million for each fiscal year thereafter.

From the funds appropriated, the Secretary of Health, Education, and Welfare must allot 50 percent for MCH and CC services; 40 percent for special projects for maternity and infant care of low-income, high-risk mothers and infants, the health care of preschool and school-age children, and the dental care of children; and 10 percent for research and training. But at least 6 percent of the total must be earmarked for family planning services.

States must submit a single plan for MCH and CC programs unless these programs are already administered by separate State agencies, in which case the plan may be submitted in two parts. Under new requirements each State plan must provide for—

- Incorporation of the special projects into the States' regular health services for mothers and children by July 1, 1972.
- Extension and improvement of services to reduce infant mortality and promote maternal and child health.
- Provision of periodic screening and diagnostic services for the early identification of children in need of health care and treatment or correction of defects, and to correct defects or ameliorate their effects.
- The development of demonstration programs of dental care for children and of family planning services for mothers who wish to use them, in "needy areas or among groups in special need."

Other new provisions authorize the Secretary of Health, Education, and Welfare to make grants up to 75 percent of the cost to State or local health agencies or other public or nonprofit private agencies, institutions, or organizations for—

- Special projects for the dental health of children who would otherwise not receive such care.
- Special projects for the health care of infants under 1 year who face special hazards to their health.
- Family planning services, to be offered on a voluntary basis and not as a prerequisite for other services.

Another amendment authorizes the Secretary to make grants to institutions of higher learning to train workers for health care and related services for mothers as well as for services to children. Special attention is to be given to undergraduate programs.

The Act's 4-year-old provision for Federal grants for research in maternal and child health and crippled children's services is amended to require special emphasis on projects that will help in evaluating comprehensive health care projects in which maximum use is made of health workers with training at various levels and in evaluating the methods of training workers for such projects.

OASDI. Amendments in the social insurance (OASDI) provisions of the Act include several affecting adopted children. Adopted children can now be counted as dependents of workers en

tled to disability benefits even though
e adoption took place more than 2
ears after the worker became entitled
the benefits. They can be counted
s beneficiaries of survivors' benefits
en though the adoption is not com-
eted until more than 2 years after the
orker's death, if before the worker's
eath the child had been placed in his
ome by a recognized adoption agency
adoption proceedings had been in-
ituted.

Another amendment to the OASDI
rovisions makes the same definition of
ependency for a child of an insured
other as for a child of an insured
ther by redefining the required pe-
ods of covered employment of a
other for becoming entitled to disabil-
y, retirement, or death benefits.

rippled children

Care given to children through Mich-
an's program for crippled children
s seldom been continuous from year
year, the University of Michigan
und through a recently reported in-
estigation of the cost of the State's
ogram. Conducted in 1964 with a
ant from the Children's Bureau by the
iversity's School of Public Health,
e investigators set out to determine
e mean long-term cost to the Division
Services to Handicapped Children of
e Michigan Department of Public
ealth of providing care to crippled
ildren during a year. Other findings
clude these:

- The mean number of years during
hich children received continuous
rvices was 3.5; the mode, or most
equent, number was 1.
- Parents apparently reapplied for
rvice when children needed expensive
re, but went to private physicians if
ywhere at all for routine care.
- Expenditure for care for acute con-
tions was greatest in the first 2 years.
- The cost of care for chronic condi-
ons was usually distributed over the
st 3 to 5 years.
- Relatively few services were given
children after their 5th year of pos-
ble service.

To make the study, the investigators
vised and used a method of measuring
ng-term costs for 1 year only, 1964,
it used 20 "cohorts" of children, each
which had entered care in successive
ars beginning in 1944. From the re-
lts, the investigators believe that an accurate estimate of long-term care for crippled children cannot be determined by relying on "per-active-case-per-year data."

As a result of the study, the Division of Services to Handicapped Children has made changes in its administrative methods.

Education legislation

Children whose first language is not English, deaf-blind children, school dropouts, Indian children, and children attending overseas dependents schools receive special attention in the 1967 amendments to the Elementary and Secondary Education Act of 1965, signed into law by President Johnson on January 2, 1968. Amendments particularly affecting them authorize these actions:

- The provision of programs of bilingual education for children whose first language is not English and for training teachers for these programs.
- The establishment of model centers to provide comprehensive diagnostic and evaluative services for deaf-blind children; programs for teaching them; and consultive services for parents, teachers, and others concerned with deaf-blind children.
- The establishment of projects to demonstrate effective means of preventing young people from dropping out of school.
- The inclusion of handicapped children attending schools operated by the Bureau of Indian Affairs and overseas dependents schools operated by the Department of Defense in programs for handicapped children.

The amendments also authorize several new programs affecting handicapped children:

- The establishment of regional resource centers to study the educational needs of handicapped children and to develop educational programs to meet the needs.
- The awarding of grants and contracts to public and nonprofit private agencies for projects to find better ways of recruiting teachers for programs for the handicapped and to spread information about educational opportunities for handicapped children.

Other provisions of the amendments authorize the Secretary of Health, Education, and Welfare to conduct studies on schoolbus safety standards and the effects of children living in low-rent public housing on a school district.

In general, the amendments extend the law until June 30, 1970, and authorize the appropriation of funds for fiscal years 1969 and 1970 (ending June 30, 1970). They provide substantially increased funds for State programs for children who are handicapped, neglected, delinquent, or from migrant farm families. One of the major purposes of the act is to strengthen programs in elementary and secondary schools for educationally deprived children in low income areas.

Maternal and child health

Only 18 mothers out of 100 were breast feeding their newborn infants when they left the hospital for home in 1966, according to a nationwide survey of 2,928 hospitals conducted by Herman F. Meyer, M.D., for the Children's Memorial Hospital and Northwestern University Medical Center in Chicago, with a grant from the Children's Bureau. This figure represents a sharp decline since 1946, when the Children's Bureau conducted the first national survey of breast feeding in hospitals. In that year, 38 mothers out of 100 were breast feeding their infants when they left for home. Between 1946 and 1956, when Dr. Meyer also conducted a national survey, the figure dropped 17 percentage points (from 38 to 21).

One reason for the decline in the figure, Dr. Meyer suggests, is that mothers usually leave the hospital earlier than they used to. Not many stay beyond the baby's fourth day, which is too soon after birth for lactation to be well established.

The 1966 survey also showed that most hospitals use a standard house formula for feeding infants and that many are using ready-to-feed sterile milk mixtures in throw-away containers. However, 50 percent of the hospitals reported having programs to encourage breast feeding.

The hospitals replying to the questionnaire included about 64 percent of those surveyed.

• • •

Pregnant women rejected by a public clinic because they could not meet income and residency tests did not receive as much prenatal care and they had more fetal losses than women accepted by the clinic, the University of North Carolina found in a recent study supported by the Children's Bureau. The study compared the care received and the outcome of pregnancy among two groups, matched by race and marital status, of 47 women each. One group consisted of women rejected by a clinic in a county hospital because their incomes were too high or they had not lived in the area long enough and the other of women the clinic had accepted. The women who had been rejected were sicker, had worse outcomes of pregnancy (four fetal deaths), and individually had less prenatal care than the women the clinic had accepted.

Unmarried parents

A considerable proportion of middle class unmarried fathers will cooperate with a child-placing agency in making plans for their unborn children, especially if the mothers of the children are being served by the agency in their own home town. This is one of the major findings of a study carried out in Los Angeles by the Vista Del Mar Child-Care Service and the Research Service Bureau of the Jewish Federation-Council of Greater Los Angeles, with a grant from the Children's Bureau. The study dealt with 222 unmarried mothers who were served by the agency between 1963 and 1966, their relations with the fathers of their children, and the effects of these relations on whether they decided to keep or give up the children. Most of the parents in the sample came from middle class families.

The study found that 92 percent of the mothers named the father of their children when asked by caseworkers. Eighty percent of the fathers named by mothers whose homes were in the Los Angeles area came to the agency for a casework interview. Very few responded favorably when the mothers had come to Los Angeles from other places for delivery. The greatest success in reaching the father came when the unmarried mother took an active part in this. The study also found that casework with the father had little influence on whether the mother decided to keep or give up her child. However, it did help the unmarried parents dispel fantasies about their relations with each other and thereby to face the alternatives before them more realistically. Among the fathers seen, half were reported by caseworkers to have achieved a greater understanding of the responsibility involved in bringing a child into the world.

On the basis of the caseworkers' evaluation, many of the mothers and fathers appeared to be self-centered, impulsive, suspicious of others, immature, and irresponsible. Most were young—the median age for the mothers was 19; for the fathers, 21. However, 11 percent of the fathers seen were over 30. Two-thirds of the fathers were employed, and most of these were willing to help the mother with medical expenses. Most of the unmarried parents had had poor relations with their own parents: their parents had taken no interest in them, were overpermissive, and could not communicate with them. Nearly all knew something about contraceptives. Only about a fifth of them said they would find it hard to obtain contraceptives, but about half of each group said they had never used contraceptives.

. . .

Another study of unmarried mothers, conducted by the Department of Maternal and Child Health of the Harvard School of Public Health, found that 45 percent of the 1,335 women who gave birth out of wedlock in the Boston area in 1962 had no contact with social agencies. This study was based on birth certificates and an investigation of agency contacts conducted by the United Community Service of Boston. Five types of agencies providing services for unmarried mothers were considered—hospital social services, child-care services, maternity homes, family service agencies, and the local public welfare department. (Financial assistance alone was not considered as a service.)

Race and place of residence apparently influenced the use of an agency, the study found. Six percent of unwed Negro women as compared with 45 percent of white women were in contact with agencies providing special services for unmarried mothers. Regardless of race, however, women living in the suburbs used social services more frequently than those living in the city: 48 percent of the white and 27 percent of the Negro unmarried mothers living in the suburbs used special services as compared with 24 percent of white and 5 percent of Negro unmarried mothers living in the city.

The investigators recommend that t State act to coordinate the programs the medical and social agencies co cerned with the unmarried mother a that the agencies make greater effo to meet the needs of unmarried mothe by finding the mothers while they a in the hospital.

The research was conducted under grant from the Children's Bureau.

Child neglect

The pathology of parents who negle their children seems to be at least serious as that of parents who abu their children, the Department of M ternal and Child Health of the Harva University School of Public Heal concludes from a recent inquiry in child abuse, child neglect, and childho accidents made with a grant from th Children's Bureau. The conclusion based on a comparison of the first cases of child abuse reported from th Boston area to the State's Division Child Guardianship (DCG), as require by law, with 50 cases of neglect fro the same area reported to the san agency.

The parents in the two groups we much alike, the inquiry found. Abo the same amount of mental retardatio mental illness, and violation of law wa found among them.

Another part of the inquiry produce the estimate that, on the basis of th 118 cases of abuse reported to and di posed of by the DCG between Septen ber 1965 and March 1966, the rate abuse was seven times higher amon children under 1 year old and five time higher among children between 1 and years old than among children of scho age. The 118 abused children include more boys—54 percent—than girls.

About 61 percent of the families wit an abused child were white; 30.5 pe cent, Negro; 8.5 percent, "other." Fan ilies of low income and poor educatio were overrepresented among them.

The disposition of the cases seeme to have been affected by the race an income of the parents. The investiga tors found that in about 51 percent o the cases, the abused child had been lef in his own home; in 42.2 percent, he ha been taken into the care of the DC and placed elsewhere. (Five childre had died before disposition could b made, and the disposition of the thre other cases was not clear.)

READERS' EXCHANGE

PECHT et al.: *Critique of critiques*

I would like to comment on the criti-al comments of Helen Harris Perlman, arol H. Meyer, and Sonia Leib Abels nd Leon H. Richman on the article ritten by Arthur Hawkins, Floyd Mc-ee, and me ["Case Conference on the eighborhood Subprofessional Worker," HILDREN, January–February 1968].

All four go to great pains to deny that ey are "stuffy," or "establishment." et, I think we inadvertently elicited ome professional defensiveness by ask-ıg annoying questions that require nswers, even though all four are ask-ıg about the same questions as we are. ur failure, I think, was that we did ot indicate the high regard we have or what social work and social workers ave achieved. The professional and ubprofessional workers in our project ere sufficiently convinced of the utility f social work principles, knowledge, nd skill and of the vitality of social ork to consider it as a new career op-ortunity for thousands of new workers.

But let's be clear about some other hings that we did *not* say.

Perlman: We did *not* say subprofes-ional workers are all "naturals," nor at they are, or are expected to be, ore honest, understanding, compas-ionate, and warmer than anyone else. hat kind of romanticism is certainly uch in evidence in some circles, but ot in our article. Nor did we say that alary should be awarded on the basis f the desires and needs of an economic nd ethnic group. As a matter of fact, e ask for exactly the opposite: that be based on knowledge and skill.

Meyer: We did *not* say that the eighborhood worker has the character-tics of his clients. We talk about milarities *and* differences. And we do ot dismiss the knowledge and skill that n academic credential represents. We y it is important. We only suggest at there may be more than one route that knowledge and skill. And as we do *not* say we have solutions, it is not fair to fault us on the "lack of reliability" of our solutions. We do have questions.

Meyer's embarrassment at our observation that professional social workers have not been able to substantiate their success and have not developed reliable measures for their effectiveness is quite appropriate. I do appreciate that, after rejecting many of the points we make, she grants that there *is* "professional laxity," that the profession is "not yet ready to deal with the question," and that there is need to deal with the issues we discuss—the professional use of subprofessional workers and the development of social service career opportunities for the poor. She makes the point that the latter two issues should be theoretically separated, and we certainly agree with that. However, they are nonetheless related variables and any theoretical or practical grasp of the problem requires dealing with both, as Abels and Richman point out so well.

Abels and Richman: Their pleas that they not be seen as rigidly defensive spokesmen of the "establishment" is gratuitous. Nowhere do we suggest that the subprofessional is or should be "lined up" against professional social workers. These subprofessional workers obviously felt that a good deal of what the social work establishment had to offer was worth getting for their clients. One may disagree with the questions, but it's skirting the issue to dismiss them because the issues underlying them are unpleasant.

All the critics make insightful analyses of the records. Good! That's what they were written for. All point out that the subprofessional workers who wrote the records lacked some kinds of professional knowledge and skill, and they raise many questions that should be raised in evaluating the use of knowledge and skill.

So why all the panic? Did we suggest that these workers are performing at a professional level? No. We said we have no judgment yet about how they rate in terms of knowledge and skill. But we did say that the workers have learned on the job and that their status and responsibility should be determined by the way in which they are using knowledge and skill in their work. We are interested in studying how far this learning can go under conditions of training other than the conditions the four critics are most comfortable with.

We pointed out clearly that the workers have had inservice training and have participated in seminars and taken formal courses. Doesn't that demonstrate our belief in the need for more than impulse in the provision of services?

And why do the discussants resent the suggestion that status be based on demonstrated knowledge and skill after they themselves demonstrate very well that the worker's performance can be evaluated this way? I hope not, as Perlman says, because there are "obstacles" and it's difficult to do. That would surely be a wrong reason for not trying to do things differently.

Perlman asks: "Are the authors saying that subprofessional workers should be dubbed 'professional' workers when they are using knowledge and skill in interviews, diagnosis, referral, advocacy, and 'brokerage'?" Why not? Shouldn't anyone who demonstrates that he can use knowledge and skill in carrying out these kinds of responsibilities be called "professional"?

I wish I were as convinced as Perlman and Meyer about the value of the present arrangements under which we produce professional workers for social work. Or perhaps it would be better if they were as unconvinced as I.

Harry Specht
Lecturer in Social Welfare
School of Social Welfare
University of California, Berkeley

CHAPPELEAR AND FRIED: *Helping adaptive applicants*

The article by Edith M. Chappelear and Joyce E. Fried, "Helping Adopting Couples Come to Grips With Their New Parental Roles" [CHILDREN, November–December 1967], is a helpful addition to the growing body of recorded experience in work with adoptive parents in groups. I was, however, somewhat dismayed by the authors' report that the agency had concluded "that it is better to help adoptive parents in a group situation than in a one-to-one relationship." I was reassured by the next sentence, which reports that the agency "is seeking ways to improve its service to adoptive parents through a combination of individual and group approaches." The complex task of helping adoptive parents at various stages in the adoption process requires all the methods available. The skill of the social worker in carrying on a one-to-one interview or a group discussion, or both, the nature of the problem, the personality of the specific adoptive parents involved, and the timing should all affect the choice of method to be used in helping adoptive parents.

The authors speak of questions that should "have been resolved through the home study." Although this process should be a dynamic growth experience for prospective adoptive parents, it cannot answer all questions they may have in the future. Before they have an adopted child, they are applicants only, not adoptive parents; much of the discussion in the home study must therefore seem academic to them. We have to accept as valid their statement that the problems discussed in the group meetings seem far in the future. Adoptive parents are not always immediately able to use what they have learned from discussions; nor can they always evaluate the home study and post-placement interviews or group meetings soon after they have taken place.

I was impressed with the grou leader's expression at the close of tl final meeting of "the agency's belief the ability of the adoptive families become closely knit, loving families As with all families, this would n necessarily mean that there will neve be problems. Because of the kind of r lationship established by worker ar agency with them during the enti adoption process, adoptive paren might accept a sincere invitation to r turn to the agency at any time in tl future, either for direct or referra service.

Johanna G. Schen
Chief Supervis
Adoption Departme
Boston Children's Service Associatio

---

films on child life

Charges for rental or purchase may be obtained from distributors.

KEVIN IS FOUR—THE EARLY DEVELOPMENT OF A CHILD AMPUTEE. 26½ minutes; sound; color; rent.

Shows how a child with congenital amputations of an arm and a leg is fitted with prosthetics and how he is trained to use them. Made over a 2½ year period, the film demonstrates how naturally a child amputee can develop despite his handicap.

Audience: Parents and professional persons interested in or working with handicapped children.

Produced by: Department of Photography, Ohio State University, for the Department of Physical Medicine.

Distributed by: Motion Picture Division, Ohio State University, 1885 Neil Avenue, Columbus, Ohio 43210.

PARENT TO CHILD ABOUT SEX. 31½ minutes; sound; color; rent or purchase.

Demonstrates how parents can handle discussions of sex matters with their children in a warm, simple, direct way from early childhood through adolescence. Also includes discussions by physicians.

Audience: Parents, high school and college students, parent-teacher associations, child study groups, church groups, teacher education classes, physician and nurse training classes, classes for expectant parents, youth groups, and service clubs, followed by discussion led by qualified person.

Produced by: Audio-Visual Utilization Center, Wayne State University, Detroit, Mich.

Distributed by: Audio-Visual Utilization Center, Wayne State University, 5488 Cass Avenue, Detroit, Mich. 48202.

HOW BABIES LEARN. 35 minutes; sound; color; purchase or rent.

Describes the major learning patterns of infants during the first year of life, with emphasis on the influence of mother-child relationships and the child's physical environment on the style and rate of learning. The film, part of a research project concerned with infant learning and patterns of family care, was produced under grant from the U.S. Public Healt Service and the Children's Bureau.

Audience: Parent education an professional groups and classes in chil development, pediatrics, early childhood education, nursing, and sociology

Produced by: Research Foundation of the State University of New York.

Distributed by: New York University Film Library, 26 Washington Place, New York, N.Y. 10003.

SERVICES TO YOUNG CHILDREN. 48 minutes; sound; black and white; loan or purchase.

In this film the members of an interprofessional team of pediatric neurologist, public health nurse, occupational therapist, physical therapist, speech pathologist, special educator, and social worker demonstrate the technique of providing services to children with cerebral dysfunction under 3 years of age. The film also includes a brief review of the basic reflex patterns and aberrations that create problems in the care of children so handicapped.

Audience: Persons in professional training for work with handicapped children, parents, and others associated with handicapped children.

Produced by: United Cerebral Palsy Associations, Inc.

Distributed by: United Cerebral Palsy Associations, Inc., 321 West 44th Street, New York, N.Y. 10036.

U.S. GOVERNMENT PRINTING OFFICE: 1968

MAY • JUNE 1968

children

Juvenile Courts and the Gault Case

The Consultant in a Day-Care Center

Area Social Service Centers

Hospital Care in Great Britain

VOLUME 15 • NUMBER 3 • MAY-JUNE 1968

children

AN INTERDISCIPLINARY JOURNAL FOR THE PROFESSIONS SERVING CHILDREN

Juvenile Courts and the Gault Decision

I. Background and Promise 86
Howard G. Brown

II. An Invitation to Innovation 90
William T. Downs

The Consultant in a Day-Care Center for Deprived Children 97
Lois Barclay Murphy

Area Social Service Centers 103
T. N. Tangedahl

My Experience As a Junior Volunteer 109
Andrea Levine

Public Information Panels As Therapy for Disturbed Young Patients. 111
Donald R. Dixon and Carl M. Rowley

Improving Hospital Care for Children 116
Ann Hales-Tooke

here and there 119

book notes 123

in the journals 125

readers' exchange 127

A play doctor and nurse share a "professional" secret as an understanding day-care worker looks on. Knowing when to be part of the game and when to stay out is one mark of the day-care worker who is aware of the needs of deprived children and her ability to meet them. How a consultant on child development can help day-care workers grow in their jobs is described in the article beginning on page 97.

children

National Advisers to CHILDREN

William E. Brown, *dentistry*
Alex Elson, *law*
Patricia G. Morisey, *social work*
Edwin M. Gold, *obstetrics*
Herman R. Goldberg, *education*
Beatrice Goodwin, *nursing*
Dale B. Harris, *psychology*
Robert J. Havighurst, *youth development*
Robert B. Kugel, *pediatrics*
Hylan Lewis, *sociology*
Winford Oliphant, *child welfare*
Milton G. Rector, *corrections*
R. Gerald Rice, *maternal and child health*
Albert J. Solnit, *psychiatry*
Franklin M. Zweig, *community planning*

Children's Bureau Staff Advisers

Will Wolstein, *chairman*
Division of Social Services

Grace M. Angle
Office of the Chief

Dorothy E. Bradbury
Division of Reports

Kenneth S. Carpenter
Division of Juvenile Delinquency Service

Hyman Goldstein
Division of Research

Jane S. Lin-Fu
Division of Health Services

Editorial Staff

Kathryn Close, *Editor*

Catherine P. Williams, *Associate Editor*

Mary E. Robinson, Willamena Walthour, *Assistants*

In a historic decision last summer, the Supreme Court clearly brought children under the Bill of Rights. How will this affect the social purpose of the juvenile courts? Two lawyers discuss the . . .

At the turn of the century, new ideas for dea ing with juvenile delinquents arose in thi country and quickly spread throughout th Western World. There was widespread dissatisfa tion with administration of justice as it affected chil dren, especially with the practice of giving childre long criminal sentences and mixing them in jails wit hardened criminals. The leaders of the movemen were convinced that society's duty to erring childre was not discharged by the simple administration o the routine, impersonal criminal procedures the operating. They proposed that the States accept re sponsibility for making a diagnostic study of th child and his milieu and for prescribing a course o treatment that would help rehabilitate and perhap completely reform him. They proposed quarantin rather than punishment for children needing phys cal control.

Underlying these proposed changes was the as sumption that the causes of juvenile delinquency an the means of preventing further misconduct wer known. Such knowledge was to be brought to bea upon children, much in the same way that scientifi advances were being used to heal injury or cure dis ease. Children were to be "cured" of delinquency an restored to the community as useful citizens. Broa summary powers were to be given to juvenile cour judges to accomplish this purpose.

The judge, with his hand on the shoulder of th child, was to act as a wise and loving parent. H would induce or compel the child, with or withou the parents' consent, to undergo care and treatment

JUVENILE COURTS and the GAULT DECISION

I. BACKGROUND AND PROMISE

OWARD G. BROWN

ten custodial, for his and the community's best terest. His concern was to be not with what the ild had done but with what he is and which of e many community resources and what part of e wide knowledge at the court's disposal should brought to bear on him and his family to make em more socially acceptable and law-abiding.

The first juvenile court embodying these ideas as established in Illinois in 1899. Within a short me such courts were established in all of the States d in most other Western countries.

Innovations that start with great fanfare and high eals and spread like wildfire often give rise to cesses, and this is what occurred in the juvenile urt movement. Great departures from time-tested ocedures took place in the name of salvage, reabilitation, and correction, the beneficent end being ld to justify almost any means. Law was supplented and even supplanted by other social sciences efforts to deal with a child's unacceptable beavior. While the compulsory nature of the courts d the legal system was retained, the safeguards of blic hearing, counsel, due process of law, and foral procedure were discarded in view of the high tent and purpose of the courts and their supposed wer and ability to help rehabilitate the child.

These juvenile court practices gained general acptance. The summary procedures and lack of forality that became characteristic of them were proved by most appellate courts when questions out them were raised. Because juvenile proceedings ere regarded as civil rather than criminal proceedings, the constitutional rights of the child were disregarded with impunity.

Unexpected problems

But unforeseen problems developed. Trained, skilled, and kindly judges were not always available to discharge the awesome responsibility of being a wise parent to all children in the community who were in trouble with society. Treatment resources, facilities, and staff with the necessary knowledge to diagnose and deal with the problems of a delinquent child were not adequately provided. The volume of delinquency cases became so unmanageable that enough time, staff, and resources were not available to enable the courts to give each case the intensive consideration, attention, and care needed.

Moreover, delinquency did not decline. Many children who went through the juvenile courts were not changed. Even under the most favorable circumstances, children were not always rehabilitated as the theory had promised.

People began to realize that while social science and medicine had made great strides in understanding human behavior, great areas were still unexplored. To make a diagnosis and a prognosis of a person's behavior, at least that of a troubled adolescent, turned out to be a complex matter about which much less was known than had been assumed. Courts and their staff members were not always able to find and use means of effecting the desired change in children. What a wise parent should be and do about a bewilderingly complex child and the problems he presented the community was often a mystery.

Dissatisfaction with juvenile court justice also began to arise from the summary fashion in which juvenile proceedings were often carried out. Cases were processed without the child or his parents being given notice of the charges or apprised of the right to counsel. In fact, the right to counsel was often not recognized. Incompetent and untrained staff members were often used to make social investigations and administer social treatment. The judge often acted not only in his judicial capacity but also as prosecutor and defense counsel. It took superhuman ability to discharge these three functions with dignity, impartiality, and justice, and it often proved impossible to convince the parties that such functions had been so discharged. In many communities the courts had no treatment facilities to rely on—the institutions for juveniles were no more than junior jails.

Criticism of the juvenile courts mounted during the past decade. Articles appeared in law reviews criticizing the absence of due process and the deprivation of children's constitutional rights and privileges. Appellate courts began to recognize abuses that were taking place. Professional organizations began to take cognizance of the limitations and the difficulties involved. The National Council of Juvenile Court Judges, in 1961, began training programs for judges and conducted an institute on the role of attorneys in juvenile court. The University of Chicago held an institute on "Justice for the Child" in 1962. The National Council on Crime and Delinquency published a handbook on "Procedure and Evidence in the Juvenile Court" in 1962.

In 1966, the Supreme Court of the United States handed down its first decision involving the rights of children under a juvenile code in the case of *Kent* v. *United States*.[1] The Court pointed out that cases in juvenile courts were legal proceedings and that basic to the theory of any legal disposition was some concept of due process. The President's Commissio Law Enforcement and Administration of Justic its report issued early in 1967[2] pointed out the l tations of the juvenile courts and the crises that w occurring in them.

In re Gault

With so many expressions of dissatisfaction be made with the way juvenile courts were function the decision of the Supreme Court in the Gault ca handed down May 15, 1967, was hardly a surpr

In the Gault case, a boy of 15 had been found linquent by a juvenile court in Arizona and co mitted to a State institution for 6 years for a mi offense that would have been a misdemeanor had been an adult. At the "trial" or informal heari he had not been represented by counsel, no pr notice of the charge had been given to him or parents, no sworn testimony had been introduced, he had been required to incriminate himself with warning of any privilege against self-incriminati

The very fact that the Gault case, disclosing s a bad state of affairs, could get all the way to Supreme Court, after having gone through a tr court and a review on habeas corpus at the trial le and on appeal to the State supreme court, was s stantial evidence that something was drastica wrong with both the theory and practice in juve delinquency proceedings.

Basically, the decision recognizes and extends principle set forth in the Kent case: that due proc of law applies to juveniles in an adjudicatory hear as well as to adults. The Court was unwilling establish a new or specialized class of due proc for children. It found that the traditional consti tional safeguards are necessary protections and m be applied in that part of juvenile proceedings c cerned with determining whether or not the St has a right to intervene in the lives of children a their families.

Specifically, the Court holds that in cases that m involve custody, transfer, and institutional pla ment of a delinquent child, the following consti tional rights must be observed:

1. Adequate and specific notice in writing of charge of alleged misconduct, set forth with parti larity, must be given to the child or his parents advance of the court hearing so that a reasona opportunity to prepare a defense will be afford

2. At an adjudication hearing that may result

Howard G. Brown has been engaged in the private practice of law in Milwaukee since 1933, except for 6 years (1961–67) when he was judge of the Milwaukee County Court, Children's Division. He is secretary of the National Juvenile Court Foundation and co-chairman of the National Conference of Lawyers and Social Workers. He has been a lecturer in law and social work at the University of Wisconsin School of Social Work.

rtailment of the freedom of a child, the child and rents must be notified of the child's rights to be presented by counsel unless knowingly and intelli- ntly waived. If they are unable to afford counsel, ey must be advised that counsel will be appointed public expense.

3. The privilege against self-incrimination is as ap- icable in the case of juveniles as it is with respect adults, unless intelligently waived.

4. In the absence of a valid confession or admission, letermination of delinquency must rest upon sworn stimony in open court from witnesses whom the cused has had opportunity to confront and cross- amine.

The majority opinion expressly excepts from the ect of this decision anything that happens in the urt prior to the hearing on adjudication and any oceedings held in regard to the disposition of a se. It does not guarantee, however, that questions constitutional rights may not hereafter be raised th reference to what happens before or after the judication hearing. In effect, it challenges the vari- s States to find ways and means to operate these e- and post-adjudicatory proceedings that will not fringe on children's interests under the Bill of ghts and that will retain the unique merits of the iginal vision of juvenile courts.

ie possible effect

Contrary to some expressed opinion, the Gault se does not sound the death knell of the juvenile urt in the United States. The fundamental con- pt of treatment and rehabilitation is not disturbed. ut the court's right to deprive a child of freedom providing treatment is limited to delinquency ses in which it has been established, by a trial in hich due process is observed, that the State has right to intervene.

Adherence to the precepts of due process in the ial will increase the demands on the juvenile courts terms of time, expense, and procedural regularity. may cause some courts to withdraw from precourt udy and examination and from such treatment pro- ams as informal probation and to limit their post- ial proceedings to referrals for study and treatment.

However, children are more likely to have a fair id impartial hearing and to depart from the hear- g with the impression that justice has been done. his may render them more amenable to change.

The juvenile court movement has not been set backward by this decision. Rather, it has been given new direction and guidelines for operating when legal process is brought to bear on the activities of young people.

Facing realities

The juvenile court, as a social institution, has had many salutary effects on other institutions. Its philosophy has provided an example for improving methods of social control of deviant behavior in adults. The widespread use of probation, the increasing practice of releasing persons without bail, the provision of treatment and rehabilitation, the reliance on the skill of the social and physical sciences, and the beginnings of scientific research into social problems—all of these developments have been fostered, developed, encouraged, and, in part, made real by ideas generated and illustrated by work done in juvenile cases.

But the limitations of professional skill in dealing with the problems of maladjusted adolescents must be recognized, as must the widespread failure to bring what knowledge and skill are available to bear upon these problems. Such recognition may ultimately lead to some substantial rethinking of some of the methods of operating social controls.

Progress means change, and change means holding conclusions as tentative and not as absolute truths. The hypothesis of yesterday must give way to the realities of today to give hope to tomorrow.

The founders of the juvenile court movement were idealistic, dedicated, hard-working people. From their vision and devotion we must gain new dedication to give new leadership to the movement's new direction. The National Council of Juvenile Court Judges, the National Council on Crime and Delinquency, the Children's Bureau, the American Bar Association, the National Association of Social Workers, foundations, universities, and other groups must take up the challenge to make the dreams of the future more effective. Perhaps then we can come closer to the ultimate goal of scientific diagnosis and treatment of human behavior problems.

---

[1] *Kent* v. *United States*, 383 U.S. 541 (1966).

[2] President's Commission on Law Enforcement and Administration of Justice, Task Force on Juvenile Delinquency: The challenge of crime in a free society. Washington, D.C. 1967.

[3] *In re Application of Gault*, 387 U.S. 1, 87 S. Ct. 1428 (1967).

JUVENILE COURTS and the GAULT DECISION

II. AN INVITATION TO INNOVATION

WILLIAM T. DOWNS

To interpret the meaning of the decision of the Supreme Court of the United States in the Gault case,[1] it is well to examine precisely what the Court did and did not say. First, consider a description of the facts under review:

In brief, the essential facts of this case are: Gerald Gault, 15, was petitioned into court as a "minor . . . in need of protection . . . and . . . a delinquent minor." No facts were recited in the petition, but its basis was an alleged lewd and obscene telephone call to a Mrs. Cook. Gerald was placed in detention. No notice was given to his parents. When Mrs. Gault inquired at the detention home about her son, she was told that a hearing would be held the next day. No record of that hearing is available, and recollections of participants at the hearing are in conflict about whether Gerald admitted making the remarks. The matter was adjourned. Gerald was detained 3 days and then released. On the day of the release, Mrs. Gault received a note on plain paper from the police saying "a hearing on Gerald's delinquency" would be held June 15, 1964. At this hearing, Gerald did *not* admit that he had made lewd remarks, the participants later agreed. Gerald said he had dialed the number and given the phone to another boy. Mrs. Gault had asked for Mrs. Cook to be there. Mrs. Cook did not appear at either hearing. The judge found the boy to be delinquent and committed him to the State industrial school.

Subsequently, the judge gave as the bases for h action a violation of the Arizona Criminal Code ma ing it a misdemeanor to "use vulgar, abusive or o scene language" in the presence of or hearing of a woman or child and a definition in the juvenile co of a delinquent child as one who is "habitually i volved in immoral matters."

The appellant had asked the Court to consid the following basic rights: (1) right to a notice the charges; (2) right to counsel; (3) right to co frontation and cross-examination; (4) privile against self-incrimination; (5) right to a transcri of the proceedings; (6) right to appellate revie

While the Court considered each of these righ it did not make a definitive finding on each. Mo over, it carefully limited all of its findings and asse tions to the precise situation presented in the Ga case: *where the result may be a finding of deli quency and the commitment of the child to a Sta institution.* In other words, it did not speak of hearing regarding neglect or even of a hearing r garding delinquency where the disposition does n involve institutional confinement. However, we c infer from its findings in this case what the Cou for consistency would likely hold. The Gault ca said the Court, represented "failure to observe t fundamental requirements of due process." An "due process of law is the primary and indispensa foundation of individual freedom. It is the basic a sential term in the social compact which defines e rights of the individual and delimits the powers hich the State may exercise." Speaking through istice Fortas the Court held that—

> 1. Due process of law requires notice . . . which would be emed constitutionally adequate in a civil or criminal proceed- g. It does not allow a hearing to be held in which a youth's eedom and his parents' right to his custody are at stake ithout giving them timely notice, in advance of the hearing, the specific issues that they must meet.
>
> 2. . . . the Due Process Clause of the 14th amendment quires that in respect of proceedings to determine delinquency hich may result in commitment to an institution in which the venile's freedom is curtailed, the child and his parents must notified of the child's right to be represented by counsel.
>
> 3. . . . the constitutional privilege against self-incrimination applicable in the case of juveniles as it is with respect to ults. We appreciate that special problems may arise with spect to waiver of the privilege by or on behalf of children, d that there may well be some differences in technique—but t in principle.
>
> 4. . . . absent a valid confession, a determination of delin- ency and an order of commitment to a State institution can- t be sustained in the absence of sworn testimony subjected to e opportunity for cross-examination in accordance with our v and constitutional requirements.[1]

The Court did not rule on the juvenile court's ilure to provide a transcript nor on the judge's ilure to state the grounds for his conclusion.

Since juvenile courts are purely statutory courts, e Supreme Court found itself in a delicate position. could either find the Arizona statute establishing e juvenile court to be unconstitutional, as Justice lack did in his separate opinion, or, accepting the atute, it could find that the procedures were not in cord with constitutional guarantees. If it had found e statute unconstitutional, the juvenile court atutes in the 50 States would have been thrown into estion. Indeed the Gault decision can be regarded a warning to State legislators to determine in the ture what must be done by statute to assure due rocess in the juvenile court and what can be left for e court to determine by rules or policies.

The reach of the Gault decision is further circum- ribed by the Supreme Court's self-imposed limita- ons. The Court said:

> We do not in this opinion consider the impact of these con- tutional provisions upon the totality of the relationship of e juvenile and the State. We do not even consider the entire ocess relating to juvenile "delinquents." For example, we are t here concerned with the procedures or constitutional rights plicable to the prejudicial stages of the juvenile process, nor we direct our attention to the post-adjudicative or dispo- ional process. . . . We consider only the problems presented us by this case.[1]

The Court recognized that there can be differences between juvenile courts and thus allowed for flexibility in applying its rulings. While this resulted in some lack of precision as to legal reasons and authority, it nevertheless encourages an open-minded approach. Apparently the underlying rationale for the Court's decision is one of fundamental fairness, even though the Court did not explicitly so state.

In its deliberations the Court looked beyond and behind the rhetoric of procedures to see what, in fact, was happening to young people in the juvenile courts. This is evidenced by the Court's refusal to accept the tendency of juvenile courts to hide behind the term "civil" even though their decisions may result in the loss of liberty or the term "custody" when they mean confinement. It is also evidenced by its reference to published articles that had been critical of juvenile courts because of the kinds of facilities often used and the lack of treatment resources.

The adjudication stage

There seems to be little dissent from the proposition that due process requirements should apply at the adjudication stage. As Justice Fortas pointed out, the question of means is at issue rather than the principle. The decision makes clear that these means must protect the juvenile's right to notice of the charges, to counsel, and to confront and cross-examine his accuser and his privilege against self-incrimination.

Notice. Nothing is clearer in the Gault decision than the necessity of giving the juvenile and his parents the kind of notice "deemed constitutionally adequate in civil or criminal proceedings." This means notice of the hearing well in advance and information about the specific issues that the respondent must be prepared to meet at that hearing.

By not electing to rest this element of its decision on a specific clause of the Bill of Rights or upon the 14th amendment, the Supreme Court seemed to be saying that the right to adequate notice is so deeply engrained in both the civil and criminal law that it requires no further justification. The idea of carrying on any kind of hearing without properly notifying persons who must defend themselves should violate anyone's sense of fairness and is completely alien to any defensible judicial standards.

In referring to notices in civil or criminal proceedings, the Supreme Court invites flexibility and experimentation in providing notice. Thus it has issued an invitation to innovation. It would be tragic indeed if the juvenile courts were to transfer intact from the criminal courts practices that are antiquated or are irrelevant to the juvenile courts. For example, the typical notice in a criminal case is written in complicated legal language. Juvenile courts should make a determined effort to draft notices in language that is understandable to the average citizen.

Again, the citing of the criminal statute is a required practice in criminal law. I doubt that this necessarily applies in the same way to juvenile court proceedings. The rationale for requiring the citation of the statute in a criminal case is the difference in degrees of offense and the different consequences imposed by the criminal law. In juvenile courts, theoretically at least, no degrees of offenses are recognized (although there are different types of cases, for example, neglect and delinquency). Differences in consequences are based upon the treatment needs of the individual rather than having been imposed by legislation. The acts comprising the juvenile's alleged misconduct must be clearly specified in the notice so that he may prepare to defend himself. But this still leaves room for flexibility in policy regarding the citing of a specific statute or ordinance or making a formal charge against the juvenile in the language of the law.

One critical question arising from the Gault decision has to do with whether or not its rulings apply retroactively. Certainly the ruling requiring an adequate notice would seem to be retroactive. In pointing out that adequate notice has always been a requirement in both criminal and civil proceedings, the Supreme Court nullifies the argument that because juvenile court proceedings are civil proceedings they are exempt from this procedural requirement of criminal law. The fact that a juvenile has been committed to an institution without proper notice of the charge against him should be a basis for a court review.

Right to counsel. Justice Fortas based his conclusion about the right to counsel on the 14th amendment. The Court obviously considered this decision to be consistent with its ruling on criminal matters. It said: ". . . we hold now that it (assistance of counsel) is equally essential for the determination of delinquency."[1]

The assistance of counsel means that at the earliest point in the adjudication process, that is at the time of notice of hearing, the court must not only allow counsel chosen by the respondent to participate in the proceedings but must also advise the respondent c his right to be represented by counsel and appoi counsel for him if he is indigent.

William T. Downs is general manager of Downs Associate Services, a consulting firm in Silver Spring, Md., concerned with training, evaluation, and program development in justice systems. He has served the Supreme Court of Michigan as a judge of probate with juvenile court jurisdiction and as a deputy administrator assigned to probate and juvenile courts. Among his other articles on juvenile courts "Order in the Court" (CHILDREN, July–Aug. 1962).

The proper exercise of the right to counsel presen some thorny questions for the juvenile court: Wh exercises the right, the parents or the child? Can minor, legally incompetent, competently waive right to counsel? Frequently, the interests of paren and child are not the same. Certainly when this evident, counsel should be appointed specifically fc the child.

The Court was silent about whether or not th ruling must be applied retroactively. Although th Arizona Supreme Court has already released tw juveniles on the basis of this ruling, pragmatic rea soning would seem to be against a general retroac tive application. Except in States where counsel required by statute, the accepted practice in juve nile courts for many years has been neither to advis nor appoint counsel for respondents.

In a recent case the Supreme Court of the Unite States ruled that procedural defects "must b weighed against the prior justified reliance upon th old standards and the impact of retroactivity in th administration of justice."[2]

Self-incrimination. In the Gault decision the Cou said, ". . . the constitutional privilege against sel incrimination is applicable in the case of juveniles a it is with respect to adults," thus adopting the prin ciple for juveniles without reservation. Yet th Court again offers juvenile courts an invitation t innovation, by recognizing that the means an method of implementing the privilege may requi "some differences in technique."[1] Here again, th juvenile courts might be remiss in transferring i total the techniques of the criminal court. The should recognize that criminal court procedures, n matter how hallowed by time and observance, a only forms that have been adopted to express th rinciple of the privilege. The courts should invent ew forms to make the principle meaningful for the ivenile.

In its discussion, the Supreme Court pointed out hat one reason for the privilege is the essential unustworthiness of confessions.[3] The Court implied hat this reasoning is even more persuasive in respect children than adults, by pointing out two peculiarities of juveniles: (1) their tendency when surounded by adults to seek to please those adults and 2) their tendency to react with hostility if after hey have complied with the adults' urges to make clean breast of it they are then subjected to discipnary action. In the latter instance, the Court suggested, the juvenile attaches his hostility not only the proceedings engendering it but also to the hole process of order and justice.

If there is one impression that makes further eatment of the young person almost impossible, it that of having been treated unfairly.

Again the question of retroactivity arises. Since he privilege against self-incrimination can be aimed in any proceeding, civil or criminal, cases which commitments to institutions have been ased upon involuntary confession should be the subect of prompt and careful review. The test should e whether or not a confession was made voluntarily r under compulsion.

Sworn testimony and cross-examination. The decion leaves unanswered several questions about evience, particularly about the admission of hearsay nd the standard of proof of delinquency (whether his can be based on "preponderance of evidence" as istinguished from "beyond a reasonable doubt"). Iowever, the decision clearly requires that proof be ased on sworn testimony—presumably not hearay—subjected to cross-examination.

This requirement should have a salutary effect on ivenile court proceedings. It promises greater fairess to the defendant. It also promises increased rder in the proceedings by cutting down on the mount of "junk" information admitted—hearsay so emote from firsthand evidence that it is no more han gossip and rumor.[4] The result should be a higher andard of performance on the part of court works and of police in the investigation and preparaon of delinquency cases.

Again, pragmatic reasoning argues against the etroactive application of the requirement. In the ast, many juvenile courts in the interest of inforality have dispensed with the cross-examination of witnesses. A chaotic condition would exist in the courts if all such cases had to be reviewed or invalidated.[2]

In complying with this requirement, juvenile courts need to be imaginative in respect to the use of testimony from juvenile witnesses and to devise techniques of cross-examination to protect them from unnecessary trauma. In devising these procedures, the courts should get the best advice available from behavioral scientists. If the objective of such hearings is to arrive at the truth, the courts have here an opportunity to improve the conventional techniques for seeking truth.

Preadjudication stage

In practice, the preadjudication stage of proceedings in the typical juvenile court consists of two separate parts. The first is the intake procedure through which the complaint is received and an investigation made. The second, at least in some courts, is a preliminary hearing to determine if a formal hearing should be held. This procedure approximates the preliminary hearing in a criminal court to determine whether there is reasonable cause to believe that the offense has been committed and that the accused committed it.

The basic notions of fundamental fairness must of necessity be applied in the preadjudication stage, but the road to application will be difficult and tortuous. Certainly the Gault decision implies that the intake procedure cannot be used to fish around for something against the juvenile, as it so often has been used in the past.[5] Investigation will have to be confined to the questions raised by the initial complaint. No longer can a court base the adjudication hearing entirely on alleged offenses discovered during the period of investigation.

There may be some ingenious minds at work planning to avoid the impact of the Gault decision by moving more of the court process into the preadjudication stage. The recommendations coming from some sources for informal adjustment and consent decrees have a familiar ring. This is the same kind of rationale advanced for the establishment of the juvenile court in the first place. But the requirement for procedural safeguards to assure fairness cannot be met by calling a matter "informal" any more than it can by calling the procedure "civil." Coercion cannot be hidden by calling it a "consent decree." The Court is always coercive,[6] as is any confrontation of the citizen with the power of the state.

Great ingenuity, compassion, and resolute adherence to a concept of fairness are required to make informal proceedings truly informal and at the same time in accord with fundamental ideas of individual freedom. Although the Supreme Court did not explicitly rule on the preadjudication stage, adequate notice of hearing and the privilege against self-incrimination are rights that undoubtedly must be associated with the preadjudication stage. The precise technique of assuring them is yet to be defined. Innovation is again in order, but care must be taken to avoid presenting the juvenile, explicitly or by implication, with a choice of two evils in the form of an "informal adjustment" or "a consent decree."

Complainant, mother, and alleged juvenile delinquent face the judge in a juvenile court hearing. How both the social needs and the legal rights of an accused child can be protected in a court hearing is discussed in the accompanying article.

In most juvenile courts, intake procedures are administered by persons who are not lawyers. While the rhetoric of the juvenile court implies an intake procedure that makes decisions about children according to their needs, in practice the decisions are usually made on the basis of classifications closely paralleling the seriousness of the offense. If the courts are to pursue their promise, criteria for intake decisions will have to be established. The courts should call on social and behavioral scientists to define such criteri but they must rely on lawyers to establish procedure for applying these criteria so that the procedures ma be consistent with fundamental due process requir ments. Otherwise renewed attacks upon the juveni court and the imposition of stringent procedur safeguards may ensue.

One difficult question often raised by persons wh are not lawyers is how a court should deal with child who has exhibited a pattern of behavior no sin gle act of which constitutes a serious offense. Her again, the law needs help. I know of no determine attempt to adequately lay the foundation for a dec sion on this issue. In the Gault case, the juvenile cou judge had found Gerald Gault "habitually involve in immoral matters" because of three previous "of fenses": he once "was with" a boy who stole a purse he admitted having made "silly calls or funny calls" and he had once "stolen a baseball glove from an other boy and lied to the police department abou it."[1] True, the typical juvenile court file in a cas involving a pattern of immoral behavior would no be so barren of evidence, but frequently such file contain only secondhand or thirdhand informatio about the alleged acts constituting the pattern. I re call a file that referred to 28 separate acts of th juvenile, only four or five of which had been checke out.

Certainly the acts said to constitute a pattern mus consist only of those ascertained on the basis o creditable evidence. Once the court has reasonabl established the fact that the acts did take place, th social scientist has the responsibility for interpretin their meaning in terms of the juvenile's needs an the proper course of treatment indicated.

Many persons connected with juvenile courts ma say this kind of probing and thoughtful attentio places an unreasonable burden on already overbu dened juvenile court staffs. Certainly the courts wi have to secure additional staff members, facilitie and other resources. But they must also use avai able resources more efficiently and effectively. Mo systematic screening procedures during the initi phases of the process may substantially reduce th strain on limited resources.[6]

In the Gault case the juvenile court had committe Gerald Gault to a State institution for a possib period of 6 years, even though he was living wit both his parents and an older brother. Institution commitment of juveniles who have given no eviden of danger to themselves or others was not an unusu practice in juvenile courts. In view of the shortag f institutional space and the burden on court staff, f for no other reason, it would seem that judicious *on*intervention should be the guiding principle of he juvenile court.

The social work approach of helping, of talking t out, of providing support, of gathering social data nay seem to be at odds with the legal approach. But f the representatives of the legal and social work proessions sit down together to list the fundamental rinciples involved, the conflict between them may e narrowed, and they may find that humanitarianism nd justice are not necessarily inconsistent. Then orking together, the two professions can set about he task of devising methods for court work that will e consistent with the legitimate objectives of law nd social work.

Detention. Concurrently with the intake process, a reliminary hearing may be held to determine hether the juvenile should be detained pending the isposition of the case. Here again the highly valued ight of individual freedom is at issue. All the rights pecified in the Supreme Court's decision in the ault case, plus the right to a prompt hearing as uaranteed in the criminal law, would seem to be aplicable to juveniles. This principle calls for substanal change in present practice. In many communities, urrent detention practices substantially are accomodated to police convenience. A task force report of e President's Commission on Law Enforcement nd Administration of Justice shows an average peiod of 12 days detention per juvenile detained.[6] he decision to detain ought to be a judicial etermination.

As the Children's Bureau recommends, detention ould occur only when there is danger to the child r community.[7] If no such danger exists, procedures ould accomplish prompt release after arrest. If iteria for detention or release are carefully establshed, procedures of the preliminary hearing should ot run afoul of constitutional law.[8] The application f the principles spelled out in the Gault decision to e preliminary hearing should have the salutary fect of reducing the overcrowding of detention facilies and the practice of confining children in jail.

Search and seizure. Few persons would dispute the eory that the privilege against unreasonable search d seizure provided for in the Bill of Rights exists r the benefit of juveniles as well as adults. In the w cases where the issue has been raised, the privege has applied.[9] However, the privilege has frequently been ignored because lawyers have rarely participated in juvenile court proceedings. Because of the increased appearance of lawyers in the juvenile courts since the Gault decision, this privilege is likely to be exercised more often in the future.

Post-adjudication stage

Undoubtedly, many issues that are being raised about the post-adjudication stage of the juvenile court proceedings, excluded from the Gault case, will be the subject of Supreme Court review sometime in the future. Juvenile courts might well take some precautions to assure fairness to the juvenile defendant and a measure of security to current juvenile court dispositions.

Under no circumstances should information pertaining only to disposition be available to the judge before the disposition stage. The interested parties, including the juvenile, his parents, and counsel, if one has participated in the case, should be given adequate notice of the dispositional hearing and of the possible results. The counsel should also have an opportunity to question the persons who are making recommendations regarding the disposition of the case. This means that the staff of the court and of any outside resource making recommendations must be prepared to justify clearly those recommendations. Files or records taken into consideration in the making of the disposition should be available for counsel to examine.[7] The counsel should also be allowed to present expert testimony recommending a different disposition if he wishes.

At this stage, the court social worker must assume the burden for clearly defining to the juvenile, his parents, and counsel the reasons for the disposition and its advantages over any other and for devising a method of measuring the juvenile's progress within the plan. The social worker, not the lawyer, has expertise in understanding juvenile behavior and the techniques for changing it. In the absence of counsel, the role of the social worker is more crucial and exacting. These responsibilities require a substantial change in the performance of many court social workers and a keen assessment of the skills of diagnosis and prediction of behavior. The degree to which the social work profession responds to this challenge may well determine whether the present concept of the juvenile court as an agency to provide treatment in the best interest of the child will continue to exist.

In other words, the rights of notice, counsel, sworn testimony, and cross-examination should apply at the time of disposition as well as in adjudication, although the method employed to protect those rights may be different. The dispositional hearing should not be viewed as an adversary proceeding, but rather as a proceeding in which all involved are interested in arriving at a disposition that will be best for the juvenile, although opinions may differ about *what* is best. Rules of evidence at the dispositional hearing should be broad and flexible.[10]

In recent years, courts have shown an inclination to find out whether punishment or treatment is provided as a result of their determinations. In Washington, D.C., for instance, the courts have inquired into the treatment of mentally ill persons,[11] alcoholics,[12] and drug addicts.[13] This challenges the juvenile courts to make similar inquiry regarding the resources they have used. The courts may fear that meticulous attention to the reasons for and goals of their dispositions may arouse objections to the dispositional process. But it is also likely to increase community interest and stimulate the establishment of the necessary resources. According to the Supreme Court—

> The observance of due process standards, intelligently and not ruthlessly administered, will not compel the States to abandon or displace any of the substantive benefits of the juvenile process.[1]

The decision of the Supreme Court of the United States in re Gault provides an opportunity for realizing the promise of the juvenile court and contributing to criminal justice as well.

The decision is a call for honest reappraisal and call for action. The courts have a resource for actio in their talented and dedicated staffs. Do they hav the imagination, and the will, to use them?

If they do, they can prove that consideration, compassion, treatment, rehabilitation, fairness, dignity protection, and respect are all included in the term *justice.*

---

[1] *In re Application of Gault,* 387 U.S. 1, 87 S. Ct. 1428 (1967).

[2] *Stovall* v. *Dewar,* 388 U.S. 293 (1967).

[3] Wigmore, *Evidence,* § 822 (3d ed. 1940).

[4] President's Commission on Law Enforcement and Administration o Justice, Task Force on Juvenile Delinquency: The challenge of crim in a free society. Washington, D.C. 1967.

[5] Demert, E. M.: The juvenile court-quest and realities. *In* Juveni delinquency and youth crime (appendix D). Task Force on Juveni Delinquency, President's Commission on Law Enforcement and Administration of Justice, Washington, D.C. 1967.

[6] President's Commission on Law Enforcement and Administration o Justice, Task Force on Juvenile Delinquency: Juvenile delinquency an youth crime. Washington, D.C. 1967.

[7] Sheridan, William H.: Standards for juvenile and family court U.S. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau, Washington, D.C. 1966.

[8] Dorsen, Norman; Rezneck, Daniel: In re Gault and the future o juvenile law. *Family Law Quarterly,* December 1967.

[9] Lefstein, Norman: In re Gault, juvenile courts and lawyers. *American Bar Association Journal,* September 1967.

[10] President's Commission on Law Enforcement and Administration o Justice, Task Force on Administration of Justice: The courts. Washington, D.C. 1967.

[11] *Rouse* v. *Cameron,* 373 F2 451 (D.C. Cir. 1966).

[12] *Robinson* v. *United States,* 370 U.S. 660 (1962).

[13] *Easter* v. *D.C.,* 361 F. 2d 50; 124 U.S. App. D.C. 33 (1966).

> . . . In time, we shall create the institutions and the habits of life, the rituals, the laws, the arts, the morals that are essential to the development of the whole personality and the balanced community: the possibilities of progress will become real again once we lose our blind faith in the external improvements of the machine alone. But the first step is a personal one: a change in direction of interest *towards* the person. Without that change, no great betterment will take place in the social order. Once that change begins, everything is possible.
>
> *Lewis Mumford,* "The Condition of Man," *Harcourt, Brace & Co., New York, 1944.*

ome observations on the role of . . .

the CONSULTANT

in a DAY-CARE CENTER for DEPRIVED CHILDREN

LOIS BARCLAY MURPHY

Experience as a consultant on child development and observation of day-care centers initiated by neighborood groups under the Office of Economic Opportunity community action programs have left me with conclusions that others concerned with the work of such centers may find helpful. My recent work was conducted with support from the Menninger Foundation (Topeka, Kans.) and the National Institute of Mental Health.[1] My approach, however, grew out of observation at many day-care centers throughout the United States and around the world and from participation in the Sarah Lawrence College Nursery School (Bronxville, N.Y.) for many years.

The first consideration of the consultant on child development in working with day-care centers for severely deprived children is the relation of his work to the nature of the center. In such a center, staff members are likely to be heterogeneous and the problems new and complex compared with those of a typical day-care center.

Because of the shortage of professional people, the center's only fully trained staff member may be a young director fresh from university training. She may have had excellent experience in the training center, but none in a position of authority or in a center in an extremely poor neighborhood. Her staff will be made up mostly of untrained people drawn from the neighborhood. A few may have completed some college work, including work in education, but most will have barely completed high school and will have had little or no training in understanding the needs of preschool children in general and practically none in understanding the needs of children whose parents are deprived, disturbed, or ill. However, they will have the advantage of knowing the neighborhood, and some of them will have wisdom gained from their experience in bringing up their own children.

Limitations of space and equipment not adapted to or planned for preschool children also require special thought from and perspective in the consultant.

Because her staff members have varying degrees of training, the director has to keep in mind the need for clarification of very elementary goals that would ordinarily be taken for granted by a staff with more nearly uniform backgrounds in early childhood education. At the same time, the consultant will have to offer another type of help to any staff member whose goals reflect the needs of overstimulated children from the toy-loaded homes of many middle class families.

No matter how solid and broad her training has been, if the director lacks wide experience with children from different backgrounds, an immense gulf may exist between her assumptions and ideas about how to work with the children and the beliefs of her neighborhood staff members. On the one hand, even if they have had some college training, neighborhood workers may unconsciously cling to the ideas of their subculture about handling children, though such ideas often conflict with the middle class standards for and methods of dealing with children that characterize training for social workers and teachers. Autocratic, harsh, abrupt ways of "making the children mind" and a punitive attitude toward "making a mess" with fingerpaints or sand may bump against the director's awareness of the benefits to children of experience with these materials in learning (about color, space, and form) and in the development of controlled expressiveness. On the other hand, the director may not have had a chance to recognize and accept the often healthy effects of a rough-and-ready, yet warm, stimulating, and supportive method of child care that balances "no-nonsense" discipline with affection.

Relations with staff

Some of the neighborhood staff members may be mature women who are consciously or unconsciously suspicious, scornful, or even hostile to a "young, inexperienced chick" who lacks their kind of experience, and they may extend these feelings to the consultant. If the consultant has had their kind of experience in bringing up children and understands and appreciates the contributions each member of the staff can make, a warm mutual respect and tolerance will evolve.

In such a complex, mixed, and touchy situation, the consultant on child development has to realize that his role is different from that carried by most consultants. As he knows, a *medical* consultant is expected to provide an authoritative diagnosis and to help the physician in charge of a case bring order out of conflicting data. A *planning* consultant on human needs called in to help plan a new city is expected to make suggestions regarding his particular field in relation to architecture. His training in understanding human development and needs—knowledge basic to good planning for a new city—may be gladly accepted by the architects. In these situations, the persons seeking expert advice know what they expect from consultants.

By contrast, the consultant in the day-care center is working with people who are not accustomed to making use of a consultant. They only vaguely understand the consultant's emphasis on helping a child develop and may be highly sensitive to what they take to be criticism. They may even take constructive suggestions as criticism if the suggestions conflict with their procedures and ideas.

Consequently, whereas a relationship between a consultant and the people asking for consultation usually develops easily in medicine or research, that between a consultant and the staff of a neighborhood day-care center has to develop as an outcome of the gradual growth of respect in the consultant for the staff members' widely varying personalities, experience, talents, and potential for contributing to the work of the center and the response of the staff to his appreciation. A relationship built this way can help staff members identify themselves with the consultant and assimilate and apply suggestions from him that "prove out" their value.

The first task of the consultant on child development, then, is as much to help build mutual respect and self-confidence in the staff as it is to make the staff aware of the needs of the children they serve. He will completely avoid destructive criticism and will support the positive efforts of the staff at every possible point; that is, he will help staff members become more aware of their potentialities and of the contributions they can make to the center's program, the way these supplement each other, and how they can be made to grow.

The consultant will avoid autocratic ways that could undercut the maturing process in the staff. He will avoid dictating to, talking at, or overtalking to the staff and will above all encourage staff members to express their thoughts, observations, beliefs, and feelings and to consider all of these fully in relation to the development of the children. In other words, the consultant will not work like a bureaucrat or a member of a hospital hierarchy who must adhere to a rigid role. He will try to be an experienced partner, friend, or guide who is primarily concerned with promoting growth in staff members and in their relationships and greater understanding in them of the needs of individual children.

In following this method of supporting growth in the staff, the consultant can use definite ground rules at crucial points—such as the absolute requirement to protect the safety of children. To illustrate: because in a deprived neighborhood children may be allowed to play with little supervision, staff members may be unaware that the danger of play on swings or climbing apparatus is increased when a larger number of children are playing on them than would e on a regular playground. In such an instance, the onsultant may have to firmly state the kind and mount of supervision required.

However, in discussing many other aspects of work ith the children, the consultant can build on the pontaneous efforts of the staff and reinforce the best f them by explaining their importance. For instance, a staff member spontaneously gets down on the oor to help a child see what can be done with buildng blocks, the consultant can use this as an example n a discussion with the staff. He can bring out the nportance of adults sharing experience with chilren who do not have blocks at home and do not know ow to put them together. The adult can help the hild understand such ideas as "bridge," "row," gate," and "roof," and help him learn how to deal ith the basic problems of weight, size, and shape. By uilding on the staff's spontaneous acts, the consulnt can widen their perspective on the educational alue of each activity.

The consultant can also show the staff the way in hich *every activity in the day-care center can be an ccasion for conversation that will increase the child's ocabulary and enlarge his capacity for communicatng in a natural, highly motivated, and spontaneousy reinforced way.* He can point out how snack times nd mealtimes can be occasions for teaching words. Iany children from poor neighborhoods live on eager diets at home and know the names of only a ew foods. At the center, after the children have eaten uch foods as meat loaf, carrots, mashed potatoes, raham muffins, and apple salad, staff members can sk such questions as, "Do you like carrots? Would ou like another helping of meat loaf?" Because their nswers—and soon their requests—bring gratification, the children's realization of the value of talking is reinforced in a natural way.

In a similar way, the consultant can show staff members how to help the children expand their conversation to include descriptions of what they see. If every remark a child makes is respected and receives an interested answer, he will acquire a wider base for conversation.

The same principle can be followed in regard to the stimulation of independence, in which serving oneself food plays an important part. Children in good day-care centers help set and clear the table, pass the crackers or muffins, pour their own milk, and, by the age of 4, often serve themselves from main dishes.

So far, I have discussed elementary considerations about ways in which a good consultant can foster the maturing process and the growth of understanding in the staff to help them identify with procedures that will support the development of the children. I will now back up to consider some of the consultant's assumptions and the ways in which he needs to think about them.

The consultant avoids an automatic or mechanical application of the principles of child care and development acquired from experience in middle class day-care centers. Middle class children are often overmothered and overstimulated and, as a result, may be overly verbal. Or they may be overcontrolled and inhibited and have poor ability to express their feelings. Such children bring needs to day-care centers different from those of children from extremely poor environments: often they only need to be let alone to work out their own ideas.

Very deprived children may lack more than the

A group of children in a day-care center learn to act out a story through expressive dance toys, materials, food, clothing, and attention available to many middle class children. Often their mothers can pay little attention to them because they are exhausted, harassed, and too busy with young babies (and the insuperable problems of caring for families in inadequate homes) to provide the kind of stimulation that most middle class children receive. In the deprived child's home, conversation may be squelched and curiosity discouraged. Consequently, the consultant will need to determine the kinds of experience the children he is working with need. He should not take anything for granted but should work from the beginning, as steadily as possible, to evaluate the neighborhood and the strength of the children (such as the spontaneous way they take responsibility for each other and their autonomy). He will need to evaluate not only the gaps in every aspect of development, but also the precosity that sometimes appears in children who have been exposed early to crime, mistreatment, or adult sexuality. He may need to help the staff recognize distrustfulness in the children or the connections among vulnerability, hyperactivity, and aggression.

Kinds of poverty

The consultant's evaluation could include distinguishing among the various kinds of poor people that might be present in a large group—broadly, the temporary poor, the "poor by choice," and the chronically poor. The first two kinds can usually respond to the work of the center without help; the third kind can only accept the center with help.

Temporarily poor families include those headed by young parents just making their way in the world; those with breadwinners temporarily out of work because of illness or for other reasons; and those relying on seasonal work for income. Parents in such families may have middle class standards and goals, may be ready to use the stimulation offered by the day-care center, and may understand the center's purpose even though they lack the resources to provide toys and books or are too tired and anxious to provide stimulation to their children as they would like to. Or the family may be temporarily poor because of a traumatic condition such as the death of the head of the family or severe illness or incapacitation in him. Or the family may be exhausted or discouraged by a series of misfortunes. Such families can be responsive to the day-care center and may be ready for active, friendly support for themselves.

The "poverty by choice" family is headed by the "creative noncompromiser"—the artist, the sculpto the musician—who, dedicated to a creative life at an cost, lives on a pittance. The parents in such a famil can respond quickly to the efforts of the day-car center because they want their children to have experience in an environment richer than the one the can provide.

Lois Barclay Murphy, a specialist in child development, has provided consultation to day-care centers and nursery schools in New York and Kansas. She is director of the division of developmental studies at the Menninger Foundation, Topeka, Kans., and a senior consultant to the infancy project at Children's Hospital, Washington, D.C. Her most recent article in CHILDREN was "Spontaneous Way of Learning in Young Children" (Nov.–Dec. 1967).

Then there is the poverty of the chronically poor– the discriminated against, the trapped, the retardec the disturbed, the "alienated." Parents in such families may regard the day-care center with suspicio and resistance and be unwilling to receive its idea The consultant may have to guide the center's sta toward working gradually and gently to obtain th trust and respect of these people and to involve the step by step by reaching out to them, following thei own leads, and building a relationship at first throug friendly interest in the child—in short, through giving as much as possible of themselves to those wh are unwilling to cooperate because nothing has eve been given to them.

Parents who are vulnerable, inadequate, and neurotically dependent, who cannot get jobs because the have character disorders or are psychotic, and wh are losers or failures may present many difficulties t the center. They may have neglected or battered the children; they probably lack stimulation. The cente may need to develop through trial and error specif and different ways of reaching, working with, an gaining the respect of these parents.

Similarly, the apparently chronic poverty of families on "hereditary welfare" may seem to go alon with indifference, resistance, or suspiciousness. Ye these families, too, can be reached if the consultar can help the day-care center staff work for th gradual development of the family's potentialitie through respect and appreciation.

Along with evaluating the nature of the povert of each family and the neighborhood in which eac lives, the consultant must be sensitive to the attitud f the staff toward each family. If staff members are nnoyed with or resentful of families that "disgrace ne neighborhood," the consultant must help them nd each family's capacity for change and develop espect for each family's positive qualities.

ocus on each child

The consultant will also need to think about the pecial and different kinds of strength, the gaps in xperience and development, and the vulnerable spots n each child from each kind of family. For instance, hildren whose fathers are in prison may have intense onflicts about the law and the police, about right nd wrong. The normal child of an inadequate other may find it hard to develop a normal identifiation with her. Children from poverty-stricken omes may be loved or unloved, may be emotionally verstimulated or deprived, may be anxious or easy-oing. In other words, they will have at least as wide range of differences as middle class children. In ddition, children from different cultural groups such s Mexican-American or Puerto Rican may have still ifferent needs.

The consultant will try to help the staff evaluate ne needs to determine the most urgent and those that resent the greatest difficulty to their understanding nd the steps that will most likely lead to progress oward understanding.

The consultant can stimulate the staff to be more bservant, show them the value and meaning of their wn observations, and help them integrate each ther's observations. This process will increase the aff members' respect for the children and their own nderstanding of the children and will help them dentify with the consultant who respects them. In urn, they will be readier to respect each other and ne children.

Children of incapacitated, retarded, or mentally l parents have a wide range of needs and difficulties n development. It is hardly possible to know which f them will respond quickly to the center's care. he disorganized behavior of some may be due to ck of organization or opportunity to learn in the ome. Some children are transformed by a few onths, or even a few weeks, of regular meals, good ood, and guided work and play. Others—battered hildren, children with disturbed parents—may conantly bring to the center anxiety and anger that terfere with their ability to concentrate at play nd work. Still others are hampered by combinations different kinds of vulnerability—extreme autonomic reactivity in combination with unusual sensitivity to sensory stimulation or hyperactivity. Or they may have extreme susceptibility to infection accompanied by frequent irritability.

When children do not respond to the center's efforts within a few months—when they continue to be hyperactive, disorganized, aggressive, disruptive, seclusive, withdrawn, or timid—they need special attention. Depending on time and resources available, the consultant can make specific observations regarding contributing factors in the child and in his home. He may suggest that the child undergo a comprehensive pediatric examination before a psychiatric evaluation is undertaken. The referral itself, however, should be made by the director.

Program content

The day-care center will probably expect the consultant on child development to make suggestions concerning the content of its program, and he may be tempted to use his broad experience to do so freely. However, it is extremely important for him not to overstep the director's responsibility. Consequently, any suggestions he gives had best come in a discussion led by the director and, perhaps, after consultation with the director about the kinds of suggestions that would best support her ideas.

The consultant often brings to his job a perspective based on intermittent visits to the center in contrast to the director's day-by-day perspective. He may notice problems overlooked by the director and the staff—awkward, frustrating *transitions* from one activity to another; *fatigue* and *excessive hunger* before meals, particularly in the youngest children; *difficulty in settling* down at naptime; *odd behavior* at the beginning and the end of the day. He can help the staff handle "Monday" problems—problems that arise on Monday and not on other days because the children's activities have shifted from home to the center. The consultant can become sensitive to restlessness and other indications of need for new stimulation during periods of long confinement because of bad weather. He may also become alert to overstimulation during exciting celebrations—times that may be so satisfying to the staff they do not notice over-excitement or fatigue in the children.

The director may welcome support from the consultant in his belief that the children need an extra amount of mothering and help, something the staff hesitates to give for fear of "spoiling" the children. She may also welcome the consultant's advice on how to add variety to the program when it seems monotonous because the staff cannot offer the special activities afforded by holidays like Thanksgiving and Christmas. From the perspective of a periodic fresh look at the program, the consultant can see individual problems missed by the director and the staff in day-by-day activities such as the tendency of some children to get hungry and tired sooner than others or to need less sleep than others. He may suggest to the director that the center provide extra snack times for those who get hungry early and quiet time activities while others sleep for the wide-awake child.

The consultant may also become aware of conditions contributing to aggressive behavior such as space arrangements that do not prevent children from interrupting or destroying each other's work and, if so, can point out such problems to the director. He can support the director in encouraging the staff to provide restitutive mothering for deprived children and to try out new activities or to provide enough time for individual conversation.

The consultant can also support the director's suggestions to the staff concerning the value of *individual, unstructured play* and *spontaneous, frequent conversation;* of *expressions of interest* in the children's questions, ideas, and achievements; and of allowing the children to *pick the food they like* to develop their capacity for communicating and their awareness of having the power to choose. He can support the director in helping the staff appreciate the gifts of children with different temperaments and from different cultural backgrounds.

Sometimes the staff members of a day-care center want to have only "the best"—the most expensive equipment; new, specially purchased supplies; and so on. They may resent the director's efforts to use what is at hand, to make something out of discarded material, to build equipment, to help the children and their parents cope with available resources. The consultant's authority and experience will lend support to the director's efforts, and he can provide examples of successful use of available resources.

Helping the center reach out to assist parents in taking part in activities in the center and community is another aim of the consultant on child development. Both trained and untrained workers may hesitate to deal with parents because they are afraid that if the parents are encouraged to visit the center they may get in the way, upset the children, or be punitive or disruptive. If the parents are shy, the staff may feel "they don't want to be pushed," and will not offer the step-by-step encouragement such parents need to become part of the center and to lea from participation how to help their children. major task of the consultant may be to help the sta realize that if parents can be led to participate an to become more interested in what contributes t learning, the children will be greatly helped.

Gains for children

What of the consultant's relationship with the chi dren? I believe most children can gain from co tacts with the consultant, especially those who ha been emotionally deprived because of apathetic, e hausted, ill parents and who lack supportive granc parents. The consultant may occasionally act like visiting relative—a person aware of the child as a individual who can supply special, recurrent suppor appreciation, or even material "surprises." Such a r lationship can help extend the child's trust and buil in him the expectation of finding good people an friends everywhere.

As to staff members, the consultant on child d velopment to the day-care center for deprived chi dren will be primarily concerned with the release c the potential in each for helping children and eac other and with helping them grow in their work. Th insecurity of untrained staff members, the misunde standing or the conflict between them, and their r sistance to suggestions concerning ways of handlin and teaching children will decrease as they increas their respect for their own capacities and those c their fellow workers. In building up the strength c the staff, the consultant's spontaneous and genuin appreciation of the positive qualities of each membe will stimulate each member's appreciation of th other and will make it possible for each to use th work of others in a complementary way. For in stance, a staff member talented in music or storytel ing can work with several groups besides his own b "trading" groups for short periods.

Using this approach, methods of teaching, disc plining, conducting play, and handling feeding, slee and other routine activities can be refined throug discussions between the staff and the consultant fro which convictions emerge—convictions based o honest thought about the needs and responses of eac child in each group. Beyond this, the staff will hav learned with the consultant's help not only "what t do," but also *how to think constructively* about way of assisting in the development of each child.

---

[1] National Institute of Mental Health Grant No. 5–R12 MH 9236–0

how a large rural State is stretching and mproving its services to people through . . .

AREA SOCIAL SERVICE CENTERS

T. N. TANGEDAHL

Persons responsible for the quality of public welfare programs have been urgently pressed during the past 5 years to respond more effectively to the acute and chronic social problems that keep many people dependent and threaten the well-being of children. Behind the pressure are the Public Welfare Amendments of 1962, requiring that by 1975 a full array of social services, manned by professionally qualified persons, be accessible to families in all parts of the State. The amendments require that such services not only deal with the problems presented by family breakdown and dependency but also reach out to help families and children threatened with such problems.

For predominantly rural States like North Dakota, where both financial and professional resources are scarce, this assignment has presented public welfare departments with a formidable administrative challenge. Some aspects of the 1967 amendments to the Social Security Act [1] will make the task even more difficult, but the 1962 mandate remains.

One method the Public Welfare Board of North Dakota has devised to meet this challenge is the development of eight State-administered area social service centers, which together cover the entire State. These area social service centers cannot alone meet all the needs for service in the State, but they are definitely improving both the quality and accessibility of such services throughout the State. They are doing this not only by filling the gaps in the direct services themselves but also by providing county welfare agencies and other agencies in the area with the kinds of service that can help them improve their own programs.

North Dakota has a population of 650,000 people and an area of 70,665 square miles. It contains 53 counties varying in size from 635 to 2,735 square miles and in population from 1,200 to over 70,000 people. In 1966, it ranked 40th among the 50 States in per capita income.[2] Nevertheless, that year, according to figures compiled by the U.S. Department of Health, Education, and Welfare, it ranked fifth in average assistance payments made to families with dependent children in December, 14th in its expenditure during the year per child for child welfare services, and second in the proportion of children in the State receiving services under the child welfare program in March. Social services, however, vary greatly among the counties due to variations in economic resources, in adequacy of the staff, and in size of the county areas and populations.

Background

Ever since the passage of the Social Security Act in 1935, the public welfare program in North Dakota has been administered by the counties and supervised by the State. Fifty-three local units of government with such variation in population size considerably strain both administration and supervision. Furthermore, tax-exempt Indian reservations have reduced the tax base of the very counties that most need revenue to support social programs to help people who are living in poverty.

For many years, the Public Welfare Board of North Dakota has struggled with the problem of devising an administrative structure that would make better public welfare services available within the

State's existing legal framework and limited resources. It has employed professional social workers and psychologists to provide consultant services to the counties. With the use of State and Federal child welfare services funds, it has helped Cass County, which contains Fargo, the State's largest city, establish a Children's Social Service Center staffed by a multidisciplinary team of social workers, psychologists, and a consultant psychiatrist to deal directly with the problems of families and children. Through the use of State and Federal funds available through the programs of both child welfare services and aid to families with dependent children, it has helped other counties employ professionally trained child welfare workers or other casework staff. In many of the State's rural counties, however, the staff of the local welfare agency still consists only of a director-worker or perhaps of a director and an agency-trained caseworker to provide both child welfare services and assistance.

The area plan

In 1958, the Public Welfare Board began to discuss the possibility of using an area approach to provide services. The idea received impetus from a study on juvenile delinquency conducted for the Board in 1959.[3] A plan for area child welfare and youth services was put in operation in 1960. The congressional mandate to make services available throughout the State by 1975 stimulated the Board to broaden the concern of the area social service centers to include all public welfare programs—public assistance and medical, as well as child welfare services. This was achieved in 1965.

Under the area approach, North Dakota has been divided into eight areas and a social service center established in the major city of each area. The eight cities with such centers are approximately 100 miles apart. The size of each area was largely determined by the natural drawing power of each of these cities as a transportation, commercial, educational, and medical center. Consequently, one service area includes three counties with a combined population of 35,800; another area, 10 counties with a population of 106,800; and another, six counties with a population of 110,600. To prevent counties from being divided between two centers, county lines were followed in establishing service area boundaries. The area centers are located in modern facilities with adequate space for play therapy, psychological testing, and privacy for interviewing and case conferences.

Under the area social service system, county we fare agencies in North Dakota administer all assis ance programs and provide social services to the e tent that their financial and staff resources permit, b supervision and consultation are provided them l the area centers. Direct services needed by families i counties with few resources are provided by the ar centers, but in general the county welfare agenci are relied upon to make home visits and social studi and to provide certain followup services.

In addition to providing supervision, consultatio and direct services, the area centers help the coun welfare agencies with inservice training and staff r cruitment. One objective is to establish and mainta within the area a pool of newly recruited workers i training who can be placed where most needed.

The minimum staff of each area center includes a area administrator, a program supervisor, a chi welfare consultant or a social casework supervisi or both, a psychologist, and caseworkers. Each cent also has a psychiatrist available on a fee-for-servi basis. The administrators, social work supervisor and child welfare consultants all have master degrees in social work as well as public welfa experience.

Area center administrators have an overall respo sibility for the administration of services and pr grams within the area as well as supervision of tl area center staff.

The program supervisors have primary respons bility for the quality of the federally aided categor cal assistance programs, medical care for the med cally indigent, crippled children's services (in Nort Dakota administered by the Public Welfare Board the food stamp program, and the public welfare a pects of civil defense.

The consultants work with the county welfa agencies, the courts, the schools, and other agenci on a case-by-case basis—providing psychologic evaluations, diagnostic interviews, and social studie They also provide direct treatment services to fan ilies and children when other resources are n available.

Some of the area centers have advisory council usually composed of community leaders represen ing various disciplines or interests. All eight cente are expected to have such councils eventually. Tl use of these advisory groups by the centers and tl centers' offer of services to people regardless of the financial condition, age, or residence are togeth changing the negative image of public welfa among many persons in the State.

The direct services provided by the centers are based on the recognition of the environmental, physical, and emotional factors that contribute to dependency, delinquency, or other aspects of social maladjustment. They generally relate to emotional disturbance, mental retardation, parent-child conflict, delinquency, and family breakdown. Marital counseling is being emphasized to protect children from the shattering experience of family breakdown.

A social worker usually carries the major responsibility for each case and calls on the psychologist for psychological testing when appropriate and on psychiatric and medical consultants when needed in making decisions. Cases requiring medical or psychiatric treatment are referred to appropriate public or private facilities. Family physicians are consulted early in the intake process. A medical report and a social study are prerequisites for providing a psychological examination. The program of crippled children's services is frequently called upon for a diagnostic examination of children or others under 21 years of age when a physical basis for retardation or unusual behavior is suspected.

Thus far most referrals to the centers for direct services have come from the courts, county welfare boards, and the schools, but referrals from physicians and clergymen are steadily increasing as are self-referrals.

Some county welfare boards, fearing a State takeover of their prerogatives, at first resisted the establishment of the area centers, but such resistance was not extensive and has subsided. It came chiefly from counties with the largest populations and most resources. In the more rural counties, the local welfare boards have generally looked upon the centers with favor because they have provided the specialized services these counties have been unable to provide. From the beginning the State welfare department has directed the centers to encourage the development and coordination of local services within each area. As county welfare services become more self-sufficient, the area centers will give more time to program supervision, consultation, staff development, and coordination. The goal is mutual reinforcement through coordination of effort.

The centers

Sometimes a program may be viewed with more objectivity and better perspective by someone from the outside than by one closely involved in its establishment. North Dakota was fortunate in having Hobart A. Burch, a representative of the U.S. Department of Health, Education, and Welfare, visit the State to observe the operation of the area centers. Dr. Burch visited two area social service centers and then interviewed staff members of the other centers. To avoid repetition, he reported in detail on the Minot area social service center and only on variations in the other seven centers. With some condensation, a few minor additions, and updating, the following description of the area social service centers was borrowed from Dr. Burch's report:

The Minot area includes seven counties with a population of 123,000—including the 20,000 persons on an Air Force base outside the city of Minot, many of whom are served by the Minot area social service center. Minot, where the area center is located, has a population of about 35,000 and is one of four "large" cities in the State. Agencies in the area include special education departments in the county and city school systems, a mental health and retardation unit, a probation and parole office, a district office of the State employment service, a speech and hearing clinic, an alcoholic information center, and Red Cross, YMCA, and YWCA agencies, all located in Minot. The area extends into two judicial districts. Three district judges, who also serve as juvenile court judges, live in the area.

The staff of the Minot area social service center includes an area administrator, a program supervisor, a psychologist, a social work supervisor, a child welfare consultant, a case aide, and two secretary-receptionists. The administrator, the social work supervisor, and the child welfare consultant earned master's degrees in social work under the stipend program of the Public Welfare Board. The psychologist is completing final requirements for a Ph. D. The case aide came to the staff directly on graduation from college. A psychiatrist spends 2 days a month at the center as a consultant. In addition, the center secures pediatric consultation, as needed, and some

---

. N. Tangedahl is assistant executive director of the Public Welfare Board of North Dakota. Before assuming his present position, he was for 14 years director of the board's division for children and youth. His previous experience includes work as a child welfare caseworker, a child welfare consultant, and a county welfare director. He is a graduate of the University of Minnesota School of Social Work.

further psychiatric consultation and psychometric testing on a fee-for-service basis from professional persons who live in the area.

The social workers, the staff psychologist, and the consultants function as a team for treatment, consultation, and community relations. The case aide has gradually been given increasing responsibilities on a selected basis as she has developed capacity for carrying out more complex tasks such as intake interviewing, serving as a liaison person with schools, conducting therapy, and providing casework services to children and families.

The first step of the area administrator and consultants when assigned to the newly established center was to become acquainted with the leaders and resources in the areas. They met with the two judges about the needs of juvenile offenders, neglected children, and families in trouble. They conferred with the superintendents of schools and with classroom teachers to find out how the center's program might be constructed to meet social needs as seen by educators. They conferred with the local directors of the State employment service to learn how the center and the employment services could work together to meet families' needs. They consulted with the director of the local vocational rehabilitation office, and they continue to have regularly scheduled meetings. They talked to doctors and clergymen. They spoke to civic clubs, church groups, and PTA's and made note of what the members of the groups said to them.

The next step was to establish a local advisory committee consisting of two juvenile court judges whose jurisdictions are in the area; a newspaper columnist; the owner of a radio and television station; the chairman of the social welfare committee in the legislature; an attorney; a county director of special education; a junior high school principal; a parochial high school principal; the dean of women at the local college; and a pediatrician. This committee has been active both in shaping the program and interpreting it to the community, often reaching or influencing persons and groups not readily accessible to the staff. It has taken part in major policy decisions such as the rejection of a suggestion that a fee schedule be set up for persons able to pay for the center's services.

Although the area center is part of a State-administered program receiving substantial Federal support, the committee and the community look on the center as a *local* agency. Its program has been shaped to meet the needs of the schools and the courts though it also serves people who come for service on their own, providing them with casework treatment or counseling or referral to other resources as indicated. The Minot center, like other centers, include
a play therapy room with a one-way observatio
window to permit staff members as well as the staf
members of referring agencies in staff developmen
programs to observe counseling techniques and casework treatment.

The bulk of this center's activities thus far ha
consisted of service to specific families and childre
through direct social diagnosis and casework treatment or through providing county welfare departments, courts, schools, and other agencies with psychological evaluations, casework and psychiatric consultations, and social studies. The center has also hel
workshops for the staffs of county welfare agencie
and for policemen, sheriffs, and clergymen throughout the area. Its ultimate goal is to improve th
quality and build up the kinds of resources in th
area.

Variations on a theme

Each area social service center has been given th
freedom to adapt its program to local circumstance
and to the ideas of its staff. The State office provide
the centers with supervision, support, and professional guidance but does not prescribe the loca
program. Local variation is regarded as desirable
Therefore, emphases in the areas vary.

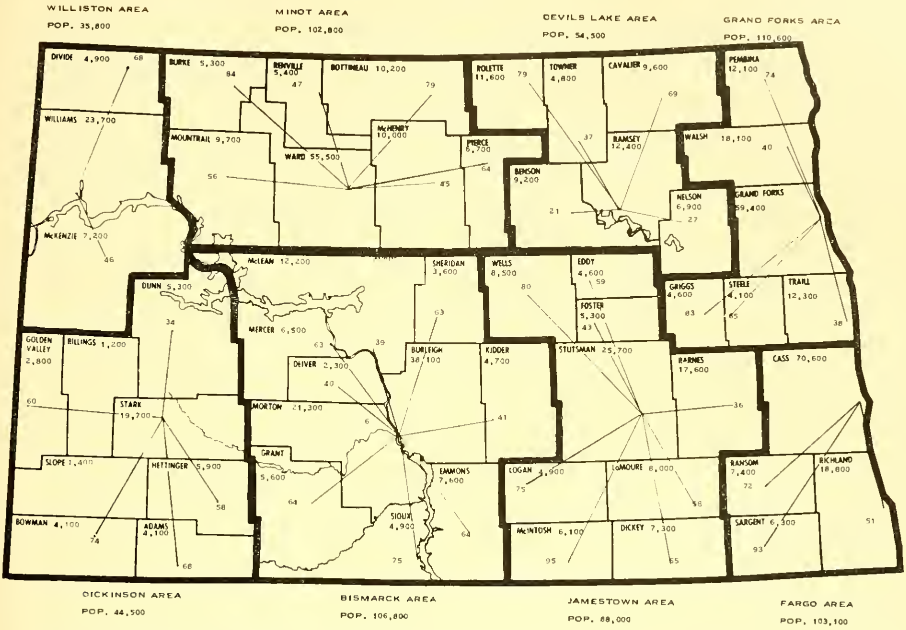
In the Devils Lake area, for example, emphasis i
on improving the helping ability of county welfar
agencies and other local resources through staff development and consultation services. The area cente
provides direct services only on a gap-filling basis
Because some of the greatest unmet needs in this are
are among children on Indian reservations, the center's staff is building up cooperative relationship
with the Bureau of Indian Affairs.

The Williston area social service center has worke
closely on a consultation basis with the schools an
the court and with local physicians and ministers. I
has also developed a groupwork program for adolescents, using facilities provided by local businessmen and service clubs and leadership provided b
members of the center's staff who volunteer time i
the evening and on weekends. This center experimented with placing some staff members in outpost
to provide direct service, but it ran into problems o
staff morale and supervision. It is now working t
develop the service capacity of the county welfar
offices.

In the Jamestown area the administrator of th

AREA SOCIAL SERVICE CENTERS

Public Welfare Board of North Dakota


WILLISTON AREA POP. 35,800
MINOT AREA POP. 102,800
DEVILS LAKE AREA POP. 54,300
GRAND FORKS AREA POP. 110,600
DIVIDE 4,900
BURKE 5,300
RENVILLE 5,400
BOTTINEAU 10,200
ROLETTE 11,600
TOWNER 4,800
CAVALIER 9,600
PEMBINA 12,100
WILLIAMS 23,700
MOUNTRAIL 9,700
WARD 55,500
McHENRY 10,000
PIERCE 6,700
BENSON 9,200
RAMSEY 12,400
WALSH 18,100
NELSON 6,900
GRAND FORKS 59,400
McKENZIE 7,200
McLEAN 12,200
SHERIDAN 3,600
WELLS 8,500
EDDY 4,600
FOSTER 5,300
GRIGGS 4,600
STEELE 4,100
TRAILL 12,300
DUNN 5,300
MERCER 6,500
OLIVER 2,300
BURLEIGH 38,100
KIDDER 4,700
STUTSMAN 25,700
BARNES 17,600
CASS 70,600
GOLDEN VALLEY 2,800
BILLINGS 1,200
STARK 19,700
MORTON 21,300
GRANT 5,600
EMMONS 7,600
LOGAN 4,900
LaMOURE 8,000
RANSOM 7,400
RICHLAND 18,800
SLOPE 1,400
HETTINGER 5,900
SIOUX 4,900
McINTOSH 6,100
DICKEY 7,300
SARGENT 6,300
BOWMAN 4,100
ADAMS 4,100
DICKINSON AREA POP. 44,500
BISMARCK AREA POP. 106,800
JAMESTOWN AREA POP. 88,000
FARGO AREA POP. 103,100

AREA AND COUNTY POP. -- 1966 ESTIMATE

MILES BETWEEN AREA SOCIAL SERVICE CENTER AND COUNTY SEAT

---

social service center has organized the welfare directors of the nine counties in the area to plan together for strengthening their services. Each member of the center's staff has been assigned certain counties for intensive consultative service, adapted to the understanding and competence of the local workers. The center places emphasis on direct services to families and children referred from county welfare offices. This area center has departed from public welfare's traditional defensive stance in public relations to "advertise the good things" of public welfare—its resources to help people. Its attractive, modern office should stimulate the movement toward better quarters for county welfare offices.

The Grand Forks area social service center began its activities by concentrating on developing the service capacity of the two largest county welfare offices in the area. It provided 6 months of intensive supervision to county welfare caseworkers, part of which was spent in the center.

At first the Grand Forks center offered no direct services other than psychological evaluations and consultation to other agencies. It now provides direct treatment services to children and families referred for help from schools and other agencies, especially the family court. Consultation is given priority in allocating the center's staff time. The center maintains a close relationship with a nearby Air Force base with a population of approximately 17,000 persons, as well as with a number of local agencies, including day-care centers, sheltered workshops, and a mental health and retardation service unit in Grand Forks.

The Dickinson area social service center serves a sparsely populated area known as the Badlands. Because local services in this area are scarce, direct services to families and children play a more significant role in the center's program than in other centers. Referrals come most often from school and court officials, physicians, clergymen, and lawyers. The center has found itself facing a demand that exceeds its capacity and is now increasing its consultation to the county welfare offices and other professional persons in an effort to expand and strengthen local resources.

In Bismarck, the major emphasis of the area social service center has been on marital counseling. The family court refers all applications for divorce to the center for a mandatory 60-day period of counseling. The supervisor of the center has been appointed as officer of the court. The center also provides case consultation to other agencies—county welfare offices, the juvenile court, a project of the Neighborhood Youth Corps, Catholic Welfare, an MDTA prevocational training program, and a Headstart project—and a staff development program for the welfare departments in the 10 counties in the area. For purposes of staff development, the counties' staff members have been divided into three homogeneous groups of 10 persons each, based largely on the level of professional development. The center provides each group with a full day of inservice training each month. This training involves formal reading and writing assignments, lectures, and seminar discussion, but many workers come early or stay late to consult the staff about individual case problems. As a complement to this program, the center is stepping up its evaluation and consultation services to the county welfare agencies.

The Fargo area center similarly provides consultation, staff development, and direct casework services. It alone, however, provides a program of financial assistance to unmarried mothers, using Federal funds available through the program of aid to families with dependent children and the State's foster care program. Referrals may come from the county welfare boards through the maternity homes in Fargo or directly from the maternity homes and other voluntary agencies. This program makes it possible to help women and girls who do not wish their pregnancy to become known to persons in their home counties.

The Public Welfare Board of North Dakota regards the system of area social service centers as a means of preserving local county welfare operations and at the same time achieving greater coordination and accessibility of services, encouraging local initiative, and providing a broader financial base for services. While most of the area centers have been spending the bulk of their effort on the provision of direct services to people, the State department is making it clear to the counties that they are expected to provide better welfare services in the future. To this end, counties having small populations and limited resources are being encouraged to consolidate their welfare activities. Four counties have already done so by merging their public welfare activities into two administrative units. An ultimate goal for the State might be 25 or 30 local public welfare units instead of 53.

Future role

As more services are developed in the counties, a major role of the area social service centers will be to develop public understanding of and so bring about change in the environmental factors, both social and physical, which so often lead to emotional problems and family breakdown. The centers will also place greater emphasis on their staff development and consultative services to county welfare and other agencies. They will probably provide fewer direct services to families and children, reserving their efforts in this direction to filling in remaining gaps in services and demonstrating the importance of using the resources of other public agencies such as special education, public health nursing, and vocational rehabilitation and the special services provided by the employment service and the courts, as well as by churches and other voluntary agencies. They may also experiment more widely with groupwork as a method of treatment.

A system of area social service centers, as developed in North Dakota, is certainly not the only way of meeting the requirements of the Public Welfare Amendments of 1962 nor does it represent a solution to all the public welfare problems in North Dakota. It does, however, represent North Dakota's attempt to coordinate the efforts of all resources in the State to meet the requirements by the 1975 deadline. More important, it represents the effort of a rural, sparsely populated State with very limited resources to make life better and more productive for families and for children.

---

[1] Public Law 90–248. [See *Children*, March–April 1968, page 79.]

[2] U.S. Department of Commerce, Office of Business Economics. *Survey of Current Business*, August 1967.

[3] Hoadley, Mildred; Gardebring, Olov G.: Imperiled youth. Public Welfare Board of North Dakota, Bismarck. 1960.

MY EXPERIENCE AS A JUNIOR VOLUNTEER

ANDREA LEVINE

The following description of a 16-year-old girl's experience as a junior volunteer at the Happy Hills Hospital in Baltimore, Md., is based on the report she prepared for her supervisor. Happy Hills is a nonprofit voluntary pediatric hospital providing long-term or convalescent care for children with physical injury or illness. It regularly uses junior volunteers, usually young people of high school age, to work with children especially needing individual attention. Selected from applicants by a member of the hospital's Women Auxiliary, the volunteers work under the supervision of the Nursing Service and a director of junior volunteers.

Tommy, the young patient who was assigned to Miss Levine, suffers from hypoglycemia, and this has resulted in a severe speech defect. He was selected for the volunteer's attention both because of his own needs and because his behavior was disruptive to group activities. He is now adjusting very well in a foster home under the auspices of the Family and Children's Aid of Baltimore.

"Andi," as Miss Levine's friends at Happy Hills call her, will not be back at the hospital this summer. Now 17, she is going on an archeological dig in England.

Early in the summer of 1967, I looked for a paying job until I had exhausted every possible means of obtaining one. The only real offer I had was to babysit for a 5-year-old, and I decided that I would rather die than stay with one small child for the whole summer. So it was really a last resort that brought me to the Happy Hills Hospital as a junior volunteer.

When I came out to register I was determined to make what could have easily been a twice a week volunteer stint into a full-time job with some value. I had never liked children very much, but since they had always taken to me quite well, I felt that I could do them no harm. When I was told that I would be allowed to work with a 4-year-old problem child with a speech defect, my spirit of adventure was ignited and the job no longer seemed dull.

I met Tommy, my charge, that very day. Tommy is a very handsome little boy to whom you can endear yourself right away. When I had him out on the playground, I thought to myself, "He's no problem; these people must not treat him right." About the same time that I was thinking that, I noticed it was time to come in. When I proceeded to tell Tommy this, he had such a tantrum that I began wondering why they didn't keep him behind bars.

Not only was Tommy's behavior problem greater than I had thought, but so was his speech trouble. In an effort to help him, I went to the library and took out all the books I could get on speech therapy and read them from cover to cover.

For the next 2 weeks, Tommy and I tested each other on just how far the other would go without breaking. By the middle of July, we knew each other quite well and began to develop the first strings of an emotional involvement. For example, Tommy felt I was his property and no one else could have me. I became terribly protective of him. Whatever happened, it just wasn't Tommy's fault.

My attempts at speech therapy turned out to be games in which Tommy learned the correct pronunciation of all the consonants and letter combinations. By the end of the summer, he could pronounce them well, but he still could not see that the same sounds he made in a game should be used in his everyday speech. Although his actual speech was not much clearer than it was when I began working with him, his vocabulary had increased considerably.

In August, a social worker came to talk with Tommy about a foster home. She couldn't understand him at all and so, because I was so proficient, she invited me in. I watched her deal with him and began to see how far he and I had come in learning to communicate with one another. The social worker asked me to try to explain to Tommy that he was going to have a new mommy and daddy. Later Tommy and I talked about it a few times, and he seemed to understand as well as he could for not as yet having met his new family.

One day late in August, I took Tommy to the psychologist at the Sinai Hospital. The psychologist couldn't understand him, so he asked me to come in. The psychologist tried hard to get through to Tommy, asking him all sorts of questions to which I knew Tommy knew the answers, but Tommy was far more interested in the alarm clock and tape recorder than in listening to anyone! But I held my tongue until the psychologist showed Tommy a wagon with a wheel missing and tried to coax him into saying something about it. I just could not be quiet any longer, so I yelled: "Tommy, what's wrong with that wagon?" Tommy looked at me as though I were sick and answered as plain as day, "The wheel's broken."

I think the worst day I had at Happy Hills was the day I came to work just in time to see my Tommy get into a car with his new foster parents. It is rather hard to believe that Tommy isn't really mine and that all I did was to make it easier for him to enter a family. I suppose that that was worthwhile.

I'll miss Tommy a great deal. But I have other ties at Happy Hills. I know all the children there. I've made a lot of friends, and, more important, I've discovered that I can deal with children successfully.

I've always wanted to go into the field of psychology, but I never knew what branch. After last summer's activity, I think I just might have a go at abnormal child psychology. And if I'm successful, I think I'll come back to Happy Hills and do another summer's worth of volunteer work.

a State mental hospital uses . . .

PUBLIC INFORMATION PANELS

as THERAPY for DISTURBED YOUNG PATIENTS

DONALD R. DIXON ● CARL M. ROWLEY

Young people at the Utah State Hospital for the mentally ill at Provo serve themselves, the hospital, and the public through a "public relations" program sponsored by the hospital's Youth Center. As members of panels answering questions about the hospital's program for children and young people before visitors to the hospital or before civic, social, and educational groups outside the hospital, the young people receive therapy, the hospital explains its program and policy to the public, and the public learns much about mental illness and how the hospital is helping troubled young people.

For many years the Utah State Hospital, erected in the 1880's, meant to the citizens of the State the "insane asylum" or the "crazy house on the hill." The hospital served the State, to a large degree, as a receptacle for people who were social failures or misfits. And for a long time the State and the community seemed content for the hospital to perform that function only.

In the early 1950's, however, significant changes began to take place. Hospital administrators introduced group therapy as a treatment method for all patients, "back" wards were abolished, and every ward or unit was given responsibility for admission and discharge. Ideas about community therapy were introduced. They soon flourished and, in time, greatly changed the atmosphere of the hospital and its potential for treatment. The psychopharmaceutical compounds, introduced at about the same time, also made great contributions to treatment.

Such changes seemed to awaken community interest in the hospital and an awareness in its staff of an obligation to inform and instruct the public about the changes in its program and policy. Consequently, during the past 10 years the hospital has thrown open its doors to the public, and every year from two to three thousand persons visit it. To make their visit worthwhile, hospital staff members have used various methods of showing the visitor around the hospital and of explaining its program and policy. Perhaps the most successful methods have been the guided tour led by patients and the panel presentations during which patients answer questions about the hospital and the treatment they are receiving put to them by a moderator from the hospital's staff or by the visitors themselves.[1]

On invitation, patients and moderators have gone into the community to give panel presentations to high schools, colleges, service clubs, and religious organizations. During school year 1966–67, for instance, 126 adult panel presentations were made outside the hospital in all areas of the State.[2] Audiences and patient participants have both testified to the benefits of these efforts.[3]

The Youth Center

The Youth Center at Utah State Hospital is the State's only residential treatment center serving young people throughout the State, 18 years of age and under. Its purpose is to meet the needs of psychotic or seriously emotionally disturbed young people. The Youth Center has departed from some of the treatment methods usually associated with residential treatment centers throughout the country. Basically, the program emphasizes social processes and forces as the therapeutic medium and has departed from the doctor-patient relationship in favor of team-patient relationship. The hospital emphasizes aspects of the environment, opportunities for responsibility, group and peer dynamics, confrontation, expectation, and here and now events as the principle therapeutic exchange. Vigorous social work and family therapy are important, as is diagnosing disease and evaluating good points and trying to make the most of them.[4] The staff of the center has tried to use what has happened at the Utah State Hospital to find a place for children in its efforts.

Since it was set up in March 1964, the center has treated about 380 children and young people. Its staff has found that both lay and professional people are interested in the program. In fact, the hospital has been flooded with requests for permission to visit the Youth Center and for speakers to appear before various groups to discuss the program.

Because of the success of the adult panel presentations as a way of informing the public about the hospital's work and as a therapeutic medium for the patient, the Youth Center when it began set up a similar program for young people and has sponsored panel presentations on its work. The staff originally used the panel presentations as a way to explain the program, but soon found that the presentations could also be used to help patients. The public's reception of the presentations and its demand for them exceeded expectations. The young participants have, for the most part, been enthusiastic about taking part and have supported the staff in this endeavor.

Though presentations are not all alike and differ as the personalities of the panel members and the panel moderator differ, a certain basic method seems to produce the best results. A panel of four or five young people, mostly of high school age, seems to be ideal. The staff member who will serve as moderator selects the participants with an eye to the purpose of the assignment, the ability of the young persons to work together, and the readiness of each to take part in this activity.

All participation is voluntary, and any young person who wishes may take part. Most have several opportunities to appear on panels during their stay in the hospital. The moderator tries to include both aggressive and passive, both new and old patients. Though many patients are able to take part even in their first week of hospitalization, patients who are acutely ill are not considered immediately. The center makes a special effort to include withdrawn patients. Although they are often frightened at first, many of them have benefited from participation. No young person serves on a panel unless his parents have signed a release-of-responsibility form, requested at the time of admission. Very few parents have refused to allow their children to take part.

There are no "set" panels. Each is organized when a request for a presentation is received. The makeup and size of the audience, where the presentation is to be made, and the balance of the panel are taken into consideration.

Panel discussions

As each audience is interested in different kinds of information, before a panel presentation is made, staff members draw up a list of questions appropriate to the situation. For instance, if the presentation is to be made to a group of public high school students, the questions might include these: As many of you have had serious difficulty in school before coming to the Youth Center, what are some of the things public schools could do to improve their programs? Why do teenagers seem to have trouble communicating with adults, including their parents? Do you have any advice to give the audience as to how they could avoid problems similar to your own?

The questions often reflect the interest of staff members in the young people's feelings and attitude toward such varied subjects as discipline, authority, education outside the hospital, goals, and family problems. Personal information is treated generally or superficially only. The young people are free to answer as they wish and need not answer a question if they do not want to. The moderator encourages the audience to take part and allows time either during or just after the panel presentation for questions from the floor. The presentations are held in a variety of places, and the size of the audiences varies. They may be given in an auditorium or in a classroom. Sometimes classes or other groups come to the center. Questions are usually put direct to the panel participants. The moderator allows the question if it is appropriate. If it is not or the young person appears uncomfortable about answering it, he diverts the question or indicates tactfully that it is not an allowable question.

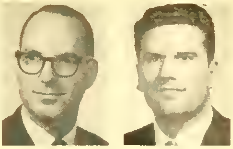
One of the primary reasons the hospital uses panel presentations is to provide information about the Youth Center to both professional and lay people. Many community groups, schools, and agencies have invited panels to discuss the program. The hospital staff has found that reception is better and interest greater if the young people rather than staff members give the presentation. The young people have proved that they can discuss the various aspects of the center's program and life at the hospital realistically and authentically. Audiences are usually impressed with the way the young people act. Many people, expecting hospital patients to act bizarrely, are impressed with the ordinary behavior of the young people from the center, and they often comment on how similar these young people are to those in the community.

Since the center began using the panel presentations, it has received more and more requests for them. The demand has grown so great the center estimates that a panel presentation is made every week either in the hospital or in the community. More and more people are becoming acquainted with the program, and opportunities are expanding to inform the public about the problems of mental illness in children and young people.

Patients' views

Many young people in the hospital appear to enjoy being on panels. To get more specific information concerning their attitude toward and feelings about the panel presentations, staff members recently drew up a questionnaire about the panel presentations and administered it to all the high school students in the center.

The questions centered on participation, interest and enjoyment, and the advantages and disadvantages of the panel presentations as the young people saw them. Thirty-one of 37 young people completed the questionnaire. Those not responding were either new patients or were not available at the time the questionnaire was administered.



Both **Donald R. Dixon**, left, and **Carl M. Rowley** are psychiatric social workers in the youth program at the Utah State Hospital and part-time instructors in the undergraduate social work program at Brigham Young University. They hold master's degrees in social work from the University of Utah, where Mr. Rowley is a field instructor.

As to *participation*, about 19 had been on at least one panel and many had been on three or more.

As to *interest* and *enjoyment*, half of the young people who had not taken part said that they were interested in the panels and only three of those who had taken part said they had not enjoyed the experience. The comments of many of them were enthusiastic.

A 16-year-old boy said: "Well, I really like to get out and meet people and see what the high schools are like, and also I come back with a better attitude. I really do like to go on panels." Another 15-year-old boy said: "I think it helps you understand the other kinds, and it's fun."

As to *advantages* and *disadvantages*, for the most part the young people saw advantages. A 15-year-old girl said: "It helps the public to change the picture that it has of the hospital. It helps people to learn from our mistakes." A 17-year-old boy said: "It gives me a good feeling to be able in my own small way to let the people that we talk to as a panel know about the help at the Youth Center. I think panels are the most effective way to raise the public image of the hospital in general." Another boy of 17 made this comment: "Many misconceptions are held by people on the outside about the patients here at the hospital. These panels help to iron out these misconceptions. Also it helps me to know that the people at the panels at least partly accept me." But one 15-year-old girl said: "It isn't always easy to get up in front of a group of people you don't know and talk about your problems. Sometimes they don't understand." Another girl said: "Panels are phony, and you are forced to say too many things."

The young people typically express commitment to social standards whenever they discuss their problems and the Youth Center program, but never more so than during the panel discussions. They take the responsibility seriously, and during a panel presentation seem more capable of insight and good judgment than at any other time. They internalize some of this commitment. Though there are exceptions—to be discussed further on—most experience has been constructive. The staff has great respect for the young people's ability to act as ambassadors for the center.

Some benefits

Relations between staff members and young people are often improved through this activity. As panel presentations are often given at some distance from the center, travel time to and from the event offers an informal opportunity to discuss feelings, attitudes, and problems. The young people seem to take pride in making a good panel presentation, and the staff's confidence, faith, and approval seem to gratify their ego.

Another apparent benefit to the young people is the personal development that often takes place. Speaking in front of a large group of people seems to help them develop a sense of accomplishment, self-confidence, and poise. The staff has noticed a great change in the young people's ability to speak in front of groups after they have taken part in several presentations. After every presentation, all participants seem satisfied, and the audience seems rewarded by and interested in what has taken place. Many of the young people are experts on the subject of the center's program and both the panel moderator and the audience recognize them as such. This recognition is gratifying to the young people, and it tends to reinforce socially acceptable attitudes and behavior.

The case of one girl, 16-year-old Sara, illustrates how one patient was helped to improve and progress while in the hospital by taking part in a panel presentation. Sara had come to the center with many serious problems, including withdrawal and inability to relate socially to other people. She had very low self-esteem and lacked confidence in meeting and dealing effectively with other people. These characteristics greatly influenced her adjustment to school work, and she was unable to tolerate being in a regular classroom because of the demands made on her to relate to other students and a teacher. She ran away from class from time to time and committed antisocial acts.

After admission to the hospital, Sara's behavior followed the same pattern. However, in an institution, she did not have the power to boycott activities involving other people. After she had been in the hospital some time, Sara agreed to take part in a panel presentation even though she was frightened at the thought of speaking in front of other people. Her determination to overcome her problems seemed to have been vital in influencing her to agree to participate.

On the panel she did an excellent job, considering her background. Sensing the audience's interest and warmth, she became more at ease as the presentation went on. When the presentation was over, she appeared satisfied with the experience and immediately inquired about future panels. Experience like this helped her develop self-confidence and raise her self-esteem. She continues to have some problems in establishing relations with others but has improved to the point that she has been able to leave the hospital, obtain full-time employment, and conduct herself appropriately.

Sara's case is only one of several examples that could be given of the therapeutic benefits that come to some of the center's young people from taking part in panel presentations.

And shortcomings

The results of the panel presentations are not all good, the center's staff has found. The panels have several serious limitations and cause concern in several respects. The most serious of the shortcomings are the morbid curiosity of the public, the tendency of some young people to give misinformation, the appearance of unhealthy individual and group processes, and the glamorization of the use of drugs.

The public is sometimes morbidly curious about the personal problems of the young people on the panels. At some presentations, audiences have tried to probe into aspects of conditions or treatment in ways damaging to the young people. Such attempts are untherapeutic and embarrassing and detract from the intent of the panel presentation. Many of the young people spoke out strongly against this aspect on the questionnaire.

Occasionally, young people make exaggerated or untrue statements on the panels about the hospital and its youth program. Audiences, of course, bring to the situation their own prejudices and hear what they wish to hear about the hospital. One boy, aware of this tendency in some of the patients, said on the questionnaire: "Since these false ideas do exist, there are a few persons I don't like to see go on a panel because of the possibility of their furthering those ideas.

It gives me a very uncomfortable feeling to know that there are questions they have to ask me that I cannot answer because of a lack of confidence."

The moderator, however, elaborates on or clarifies a young person's answer as necessary. How active he becomes is determined by the group's actions and how factually they interpret the situation they are in.

Some young people become excessively dramatic and theatrical and begin to play parts. They tend to become boisterous, to show off, and to regard themselves as celebrities. Some who are prone to verbal aggressiveness tend to control and dominate the panel and thus to minimize the contributions other panel members might make.

Perhaps the most unfortunate misuse of the panels was one that occurred recently because of the increased number of young people sent to the hospital for drug abuse, most notably LSD, and the public's fascination with and concern over the "hippie scene" and the use of psychedelic drugs. On three occasions, the center sponsored presentations with panels composed primarily of young people whose problems stemmed from the use of drugs. A contagion seem to set in on these occasions as the panelists resorted to "hippie talk," expressed "hippie" attitudes, and affected "hippie" dress. Taking part in the presentations seemed to reinforce their preoccupation with drugs and tended to glamorize their use. Naturally, the audience was curious and asked such questions as "What's a trip like?" At one point, it seemed as though the young people were trying to convert the audience to a belief in the benefits of LSD and the "hippie" movement.

The staff of the Youth Center decided that such a presentation was doing the young people a great disservice and discontinued the "drug panels." Professional staff members, however, have continued to give talks to interested groups regarding the use of drugs as it affects young people. The hospital strongly discourages discussion of hallucinatory experience because such discussion has a contagious effect both on the young people discussing the subject and on other impressionable young people. Rather, it encourages each young person to examine his behavior and to study the choices he has. Though many of these young people are from affluent homes, they lack self-direction, ability to develop and sustain relationships with others, and self-acceptance. Through the use of drugs, they lead themselves to believe that they can find their place and themselves.

The center focuses its treatment on the problems that seem to be at the root of drug use: poor self-image, disturbed family relations, distorted standards. Like most facilities that treat persons who have used drugs abusively, the center is not optimistic about its chances of successful treatment.

More advantages

Despite such shortcomings, a conviction remains with the staff that the panel presentations do attain their goals. They offer therapy to the young people, the hospital explains its program and objectives to the public in a more graphic way than it could otherwise, and the public is learning much about young people with mental illness and what the center is doing to help them.

The staff believes that the advantages of the panel presentations far exceed the disadvantages. Public demand is great, and the interest of the young people is high. The staff believes that it is fitting to capitalize on this opportunity and, in fact, to increase the use of panel presentations.

The comment of one of the boys who had been on a panel sums up the case for keeping the panel presentations going. In replying to the questionnaire, he said: "I can't see any disadvantages in the panel program. I can see that a formal panel could be uncomfortable for both the panel members and the people here. Informal panels are very satisfying to me as a patient. . . ."

---

[1] Rowley, C. M.: Visitors to the Utah State Hospital. *Provo Papers,* Fall 1964.

[2] Callahan, N. O.: Patient panels, public relations, and therapy. *Provo Papers,* Spring 1967.

[3] Sexton, Vickie: Can participating on panels help you? *Lodestar* (Utah State Hospital Patient Publication), September 1967.

[4] Faux, E. J.; Dixon, D. R.: Children in the therapeutic community. *Diseases of the Nervous System,* March 1967.

a report from abroad . . .

IMPROVING HOSPITAL CARE FOR CHILDREN

ANN HALES-TOOKE

Representative, British National Association for the Welfare of Children in Hospital

When I attended a conference on the hospitalized child in Philadelphia last May (1967), a conference at which the American Association for Child Care in Hospitals was officially instituted, a number of people associated with U.S. hospitals expressed keen interest in Britain's Platt Report on "The Welfare of Children in Hospital"[1] and its provision of a state charter for sick children. Since returning home, I have often had the thought that many people in the United States concerned with the welfare of children, particularly those in hospitals, might like to learn something about this report and about the National Association for the Welfare of Children in Hospital, the British association I represented in Philadelphia.

Issued in 1959, the Platt Report came about as the result of a study conducted on "the arrangements made in hospitals for the welfare of ill children—as distinct from their medical and nursing treatment,"—by a committee headed by Sir Harry Platt, M.D., at the direction of the Central Health Services Council of the Ministry of Health. In the report's introduction, Sir Harry wrote: "It is clear that interest in the subject among parents and hospitals has been growing steadily since we were appointed, and we believe that a movement towards a new concept of child care in hospitals is already well advanced."[4]

Actually, interest in the subject of the child in the hospital had been growing in the nursing and medical professions in the United Kingdom since James Robertson's film, "A Two-Year-Old Goes to Hospital," hit people in these professions like a bombshell in 1952 and exploded the belief they generally held that the child who is "quiet" in the hospital is a "settled," happy child. The film clearly shows what Mr. Robertson calls the three phases of response to separation: protest, despair, and detachment.[2] Mr. Robertson's second film, "Going to Hospital With Mother," released in 1958, shows that it is practical as well as desirable to admit mothers to hospitals with their small children.

Recognition of the small child's need for his mother is fundamental to the Platt Report. This recognition led to the two main recommendations of the report concerning unrestricted visiting: parents should be able to visit their children in the hospital at any reasonable time of day when the child would normally be awake and provision should be made, where possible, for the mother of the preschool, hospitalized child to stay with him as she wishes.

However, concentration on these cardinal points seems to have led many people in the United Kingdom to overlook recommendations in the repor aimed at reducing to a minimum mental stress in sick children—such recommendations as the provisions of home care services, separate casualty admissions for children, minor operations or a 1-day basis (much more common in the United States than in the United Kingdom), and the provision of meaningful occupation for hospitalized children.

The Platt Report was accepted by the Ministry of Health in 1959, and its recommendations have been constantly brought by the government to the attention of the 1,099 hospitals admitting children—with varying degrees of success.

Lay interest in the welfare of hospitalized children grew fast after the publication of the Platt Report. Newspaper articles on the subject, the release of the Robertson films to the public, and the discussion of the films by television panelists brought to the surface a grea wave of dissatisfaction with rigid hospital policies and revealed the great unhappiness these policies caused at time to parents and children alike.

In 1961, a group of mothers in Battersea, South London, after seeing the obertson films, investigated policies in ospitals in the Battersea area and ound the recommendations of the Platt eport were being followed unevenly. fter interviews with nurses and phy-cians about the matter, their leader id later: "We were well received by l the matrons in our area, and they xplained that no one had ever said e children were upset when they got ome."[3] Under professional guidance, e group carefully collected evidence at some of the small children who had ppeared "settled" in the hospital ards, when they returned home, had hown signs of disturbance—they had lung excessively to their mothers, had ightmares, and regressed in toilet raining—sometimes for long periods.

Shortly after the mothers talked ith the hospital people. *The Guardian* ewspaper published a letter from the others listing their findings on its nfluential women's page. This letter rought in hundreds of inquiries to the ewspaper. Parents all over the country, aving heard of the Platt Report, anted to have its recommendations arried out in their local hospitals. vernight, almost, a new voluntary as-ociation was formed, which called it-elf at first the Mother Care for Chil-ren in Hospital (MCCH).

A growing movement

The association was formed as a pontaneous expression of informed ublic opinion that had been gradually rystallizing since the late 1940's. The hildren Act of 1948 altered the whole egislative approach to children in resi-ential care. As a result of the act, arge institutions were replaced by mall family units—cottages and omes. Throughout the 1950's, the esearch and writings of John Bowlby, . W. Winnicott, and many others and he Robertson films led to the awaken-ng of the public consciousness to the angers of maternal deprivation and eparation anxiety.

Once launched, MCCH grew fast. In 965, its name was changed to the Na-ional Association for the Welfare of hildren in Hospital (NAWCH) and t was registered as a charity by the harity commission for England and Vales. Since then, professional hospital vorkers and parents have become mem-ers in increasing numbers. It now has 58 local groups and about 4,000 members.

In 1966, the Minister of Health, in opening the association's annual conference, said: "I have been most impressed with the sense of responsibility which has governed your association's approach to its objects, a virtue not always found among pressure groups, for that is what you are in the best sense of the word."[4] The Minister was referring, I believe, to the surveys made by the association on "mothers-in" accommodations and conditions and visiting hours in eye wards and in burns, plastic surgery, and isolation units, as well as to visiting facilities in all hospitals admitting children in selected hospital regions.

Policy not practice

Factfinding surveys by the association and discussions between officials and members of the Ministry and hospital staff members all over the United Kingdom have in 7 years altered a great deal the inflexible handling of child patients that had been traditional in the nation's hospitals.

The latest Ministry of Health report for 1966 states that in October 1966, 80 percent of the 1,099 hospitals admitting children no longer restricted visiting hours to parents as compared with 71 percent of the 1,032 hospitals reporting in April 1966.[5] NAWCH, however, contends that the official returns on this and related topics such as mothers-in units tend to be optimistic and reflect, perhaps, the *policy* of a hospital management committee rather than actual ward *practice*.

This contention is supported by the association's own surveys. For these, the association relies on up-to-date information supplied by its members who have either had children recently in hospital units or who have made it their business to talk to ward sisters (head nurses), the persons who ultimately decide how the policy of "unrestricted visiting" is to be interpreted in their wards. Our members have found that interpretation can mean as little as 2 hours—say, from 2 to 4 p.m.!

On January 15 of this year, the association sent the Minister of Health the results of two surveys made in 1965 and 1967 of the treatment children were receiving in ear, nose, and throat wards. These surveys show strikingly discrepancies in practice. Throughout the country visiting is more restricted in this kind of ward than in a general children's ward. Often officials permit no visiting on the day of the operation. Accommodations for mothers are limited. Because of lack of space, children are often nursed in adult wards despite the Platt Report's strong recommendation that this practice should be discontinued as harmful to a child's morale.

Tonsillectomies

In the United Kingdom, tonsillectomy is the commonest form of surgery in children under 5 years of age, and nearly a third of all children admitted to hospitals for surgery under the age of 15 are admitted for this operation. About 200,000 tonsillectomies are performed annually at a cost to the health service of $3 million.[6]

A Health Ministry memorandum of March 1966 urged hospital authorities to abolish rules restricting visiting by parents, particularly those forbidding visits on the day of the tonsillectomy. In the past, parents accepted the reasons given for their exclusion—the danger of raising the child's blood pressure, of causing hemorrhage from emotional strain, and of subjecting the child to infection—all dangers increased by a mother's presence, the hospitals said.

The Platt Committee found no grounds for these claims—nor do many hospitals, including the London teaching hospitals. On what, the association wonders, do the other hospitals really base their reason for excluding mothers?

In writing to the Minister of Health, the association has expressed concern over the number of tonsillectomies performed on small children in hospitals restricting visits, particularly as indications of the immediate necessity for many operations are not always evident. Whether tonsils are removed or not depends sometimes on the facilities available and the judgment of the physicians concerned. Regional variations are large. A Ministry of Education survey for 1958 found that in one county, Buckinghamshire, 34.8 percent of all 14-year-old children had had their tonsils removed, but in another, neighboring Bedfordshire, the proportion was only 9.2 percent, although the counties are much alike in climate and economic conditions.[7] The association has strongly urged the Minister of Health to initiate research into the reasons for differences such as this.

In 1967, the association conducted a survey of children in long-stay hospitals, a subject barely dealt with by the Platt Report but one likely to become very important in the future as the number of handicapped children who survive into adulthood increases. In the same year, the chairman of the association spoke to the Royal College of Nursing on the subject of the child patient, and delegates were sent to a conference arranged by the Hospital Centre in London (a clearinghouse for information about hospitals) and the British Pediatric Association on the planning of new units for children. This year, the association plans to survey children in outpatient and casualty departments and the conditions under which they are nursed in adult wards.

Activities and aims

Local NAWCH groups continue to inform parents of the need to visit and stay with their children when facilities are available and to press for them when they are not. Local groups provide transportation for the mother and crèches to care for other children in the family to make it easier for the mother to visit or stay in the hospital with the sick child. The association also runs a central hospital information service to answer questions about local hospital conditions. Published material and personal help are available on the subject of preparing a child for a hospital stay.

Both the NAWCH and the American Association for Child Care in Hospitals (AACCH) have similar general aims. NAWCH seeks to promote the welfare of sick children in general and to bring to the notice of the public, and especially parents, teachers and all concerned in the public health services, the special need of children in hospitals. AACCH is an association working to make a child's hospital experience constructive and strengthening for the present and future well-being of both the child and his family.

The historical backgrounds and composition of the two associations, of course, differ. In the United States, the move to liberalize the handling of children in hospitals has come directly and overtly from members of the hospital professions themselves. AACCH is essentially a professional organization. Its members include pediatricians, nurses, social workers, child-care workers, and members of allied professions. Although professional qualifications are necessary for *full* membership, parents may become *associate* members. (Inquiries about AACCH should be made to Mrs. Barbara S. Haas, Child Life Department, Johns Hopkins University Hospital, Baltimore, Md. 21205.)

NAWCH aims at bridging the gap between lay and professional people. It has emerged as the organized community wing of a struggle that goes on simultaneously in both groups, though more individually in professional fields, for education in and reform of pediatric practice. NAWCH is the articulate propaganda wing of a movement that, with the help of its professional members, digests research findings in child development and presses for putting them into effect. Through its work and wide newspaper and television coverage, the emotional needs of healthy as well as sick children are more widely recognized.

My impression from the Philadelphia conference and from visiting seven American hospitals afterward has led me to believe that the meaningful occupation of children by constructive play and education is more generally developed in American hospitals than in British. Programs in American hospitals impressed me as being more nearly comprehensive and universal than any I have seen in the United Kingdom.

The larger London and provincial hospitals have good play and education programs, but these seem to be individual efforts that have not yet impinged on the consciousness of the directors of hundreds of other children's wards. Resources for such programs are very limited: the Save the Children Fund provides about 16 well-trained play leaders for various hospitals, a few hospitals appoint and pay the salaries of their own play nurses, and others make do with volunteer play ladies. The hospital schoolteacher service, which many do provide, tends to concentrate on the educational needs of the long-stay patient.

It seems to me that U.K. hospital staff members and teachers should continue to study at first hand child-life programs in U.S. hospitals. Because interchange of ideas on and experience with caring for sick children are so important to the well-being of the child, I hope that money and initiative will be forthcoming in both associations to allow exchanges of representatives.

---

[1] Ministry of Health: The welfare of children in hospital. Her Majesty's Stationery Office, London, England. 1959.

[2] Robertson, J.: Young children in hospital. Tavistock Publications, London, England. 1958.

[3] Address given by the Chairman of the Mother Care for Children in Hospital, at its first annual general meeting, London, England. 1963.

[4] Robinson, Kenneth: Address given at the Fourth Annual Conference of the National Association for the Welfare of Children in Hospital, London, England. 1966.

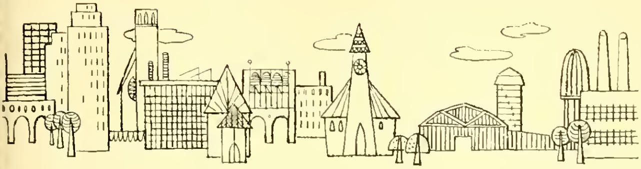
[5] Ministry of Health: On the state of public health. (Annual Report of the Chief Medical Officer of the Ministry of Health for the year 1966.) Her Majesty's Stationery Office, London, England. 1966.

[6] Consumer Association: *Drug and Therapeutics Bulletin*, November 1966.

[7] Ministry of Education: Health of the school child. Her Majesty's Stationery Office, London, England. 1958.

> The family is the little child's cosmos; for him everything beyond home is outer space.
>
> *Dorothy V. Whipple, M.D.*, "Dynamics of Development: Euthenic Pediatrics," *McGraw-Hill Book Co., New York, 1966.*

HERE and THERE



For youth

A nationwide campaign to provide constructive opportunities to young people next summer was launched in Washington, D.C., January 29–31, at a Youth Opportunity Conference called by Vice President Humphrey as chairman of the President's Council on Youth Opportunity. The 600 persons who attended included the mayors, the youth coordinators on their staffs, and representatives of young people from the Nation's largest cities, as well as representatives of the Urban Coalition and other voluntary organizations.

As a result of experience last year (see column 2), the conferees urged that greater provision be made this year for advance planning, coordination of activities, and continuity between summer programs and year-round opportunities for young people. The Council provided stimulus for following through on these recommendations by making $1½ million available for grants to 50 of the largest cities to add staff members to the mayors' offices for year-round coordination and planning of programs for young people. By mid-March, all 50 cities had received planning grants ranging between $20,000 and $60,000. In making the grants, the Council urged the cities to use all possible resources to enhance young people's opportunities for education, employment, recreation, camping, and health.

The Council has also developed the following program aids: "A Guide for Voluntary Organizations (VO), Information Report No. 101"; "Developing Youth Opportunity Programs"; and a bibliography of material from Federal agencies relating to summer programs for disadvantaged young people. (Available without charge from the President's Council on Youth Opportunity, 801 19th Street NW., Washington, D.C. 20506.)

On March 5, President Johnson announced the appointment of a 14-member Citizens Advisory Board on Youth Opportunity to work with the Council and to advise him on—

1. Ways of enhancing the opportunities of disadvantaged young people to prepare for adult responsibility.
2. Coordination of Federal activities pertaining to young people's needs.
3. Local, State, and private action to extend opportunities for young people.
4. Evaluation of the Council's progress and ways to accelerate the Council's progress.

William O. Beach, county judge, Montgomery County, Tenn., is the board's chairman.

The President has also appointed a new group called the National Alliance of Businessmen, composed of industrial leaders. The group is working to develop summer jobs in industry for approximately 200,000 disadvantaged young people.

. . .

Apathy not anger toward the conditions of their lives marked many of the young people who took part in the summer of 1967 in programs of work, recreation, and education offered with Federal support to young people living in city slums. The Trans-Century Corporation, an independent research agency in Washington, D.C., reached this conclusion from a 5-month study made last summer and early fall of summer programs offered in 11 cities through grants from the U.S. Departments of Labor and Health, Education, and Welfare—East St. Louis, Chicago, Washington, D.C., Jersey City, New York City, Atlanta, Houston, Oakland, Los Angeles, Omaha, and Cleveland.

The agency found, on the one hand, that the young people who were angry were *very* angry and highly dissatisfied with the program but that they were in the minority; and, on the other, that the majority were apathetic about slum conditions and were satisfied with the program, particularly for material reasons—access to swimming pools and money in the pocket—or because the alternatives to taking part were doing nothing, watching TV, or babysitting.

In a report made to the Department of Health, Education, and Welfare last December, the agency was critical of the program as a whole. It found that many local programs seemed designed to keep young people off the street and from committing violent acts, not to help them improve the conditions of their lives; that many jobs were made-work of no lasting value; that education programs often did not tie in with regular schoolwork or with vocational needs.

Pointing out that the need for a summer program for young people will be even greater this year than last, the agency recommended that action be taken to raise the objectives of the program, improve its organization and administration, develop national guidelines for local programs, and allocate funds in time to allow for good planning. It also recommended that the jobs provided young people be meaningful and that efforts be made to reach out to help the hard-to-reach young person—the boy who is never home and the girl who is always home because she is caring for younger brothers and sisters—and to involve the young people themselves in planning and operating the programs.

The agency based its findings on information gathered by a team of interviewers who went to selected areas in the 11 cities and talked with nearly 6,000 boys and girls who were involved in the program last summer.

. . .

In an effort to give young people a voice in decisions affecting community life, the board of supervisors for Santa Cruz County (Calif.) recently appointed a 17-year-old boy to the Santa Cruz County Planning Commission. To find the right young person, the board consulted a high school principal, the president of Cabillo Community College, a civic leader, and the head of a high school student council. The qualifications the board sought were an interest in government, mature judgment, and ability to work with adults.

The young person selected, Tom Noble, is a member of his school's student council, has a part-time job, and is reportedly a good student. His appointment, according to a former chairman of the Governor's Advisory Commission on Children and Youth, has had an "electric effect" on young people's groups in the county, which now seem to be "taking themselves more seriously."

Child welfare

About 607,900 children and young people under 21 years of age were receiving child welfare services from State and local departments of welfare on March 31, 1967, an increase of 7.1 percent over the number receiving services on the same date in 1966, according to figures reported to the Children's Bureau. However, the distribution of such children by living arrangement was the same for both years: 48 percent were living in their own homes, with relatives, or independently; 34 percent, in foster family homes; 10 percent, in institutions; 7 percent, in adoptive homes; and 1 percent, under some other living arrangement.

In 1967, the Bureau for the first time gathered information on the number of children receiving foster care purchased by State or local public welfare departments from voluntary agencies and institutions. As of March 31, 1967, approximately 52,100 children were in foster care under such purchase-of-care arrangements—19 percent of all children receiving child welfare services from public agencies who are in foster care. Of these 52,100 children, 28,900 (55 percent) were in institutions; 22,800 (44 percent), in foster family homes; and 400 (1 percent) in group homes. Of those for whom institutional care was purchased—47 percent of all children served by public welfare agencies who were in institutions—22,400 were in child welfare institutions for neglected, dependent, and emotionally disturbed children; 1,300, in maternity homes; and 5,200, in other types of institutions.

The Bureau also gathered information for the first time for 1967 on the number of licensed foster family homes and group homes for children and the auspices under which they operated. According to the reports, as of March 31, 1967, there were 132,700 licensed foster family homes in the United States, 73 percent of which were under the auspices of public agencies; 22 percent, of voluntary nonprofit agencies; and 3 percent were independent (for 2 percent the auspices were not reported). There were also about 700 licensed group homes, 58 percent of which were under the auspices of public agencies; 35 percent, of voluntary nonprofit agencies; and 7 percent were independent.

. . .

In an effort to increase public acceptance of day care for children as a necessary community resource, the Canadian Welfare Council last March began an 18-month study of day-care centers in 102 cities in Canada, with a grant from the Canadian Department of National Health and Welfare.

In carrying out the study, the Council will—

- Examine the organization, policy, operation, programs, and physical facilities and equipment of day-care centers in the areas studied and the extent to which they are accepted by the communities.
- Obtain information on the number of persons on the staffs of the day-care centers and their duties, educational qualifications, experience, and wages.
- Obtain information on the numbers, age, sex, and economic status of the parents who use the day-care services.
- Determine the capacities of present facilities and the extent to which they are being used and identify unmet needs.
- Analyze the status of day-care legislation in Canada.

Reports of the study's findings will be published at regular intervals during the 18 months.

Mental retardation

Mentally retarded children can now become physical fitness CHAMPs and belong to a special club through a program that parallels the President's physical fitness program for children and young people. Begun in February by the Joseph P. Kennedy, Jr. Foundation and the American Association for Health, Physical Education, and Recreation (AAHPER) in cooperation with the President's Council on Physical Fitness, the program offers a CHAMP emblem and membership in a 30-Hour Club to mentally retarded children and young persons (ages 8 to 18) who meet certain standards.

To get these awards, a child or young person must complete a seven-part physical fitness test suitable to his age offered through schools, institutions, and recreation associations and 30 hours of athletic and recreational activities performed outside of school within months. AAHPER also offers gold and silver emblems to children who complete less than the seven activities, auxiliary bar patches for those who repeat their success, and a progress certificate for the physically limited child.

Maternal and child health

Intrauterine devices (IUD's) are effective as contraceptives though not so effective as hormonal contraceptives, according to the Advisory Committee on Obstetrics and Gynecology, Food and Drug Administration, U.S. Department of Health, Education, and Welfare. The committee warns, however, that the use of IUD's carries a small but definite risk of infection and uterine perforation.

To cut down the risks, the committee has suggested legislation to bring IUD's under Federal regulation. The regulations would require that IUD's and disposable "introducers" be packaged as a unit and sterilized; that instructions for use, precautions, and contraindications be included in labeling for physicians; and that a method be provided for physicians to report adverse reactions confidentially.

The committee's recommendations are based on information obtained from FDA's files, worldwide medical literature, manufacturers, and members of the American College of Obstetricians and Gynecologists. They are contained in a document, "Report on Intrauterine Contraceptive Devices," available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. (Price: 55 cents.)

. . .

Restricted or poor diets were the exception during pregnancy among a group of 318 young women from depressed areas of New York City, a research team from the School of Public Health, University of North Carolina, recently ound in a study of the nutritional reources and dietary practices of 196 egro women and 122 Puerto Rican omen conducted shortly after they ere delivered of babies at three city ospitals. Nearly two-thirds of the omen reported that they saw the need or special diets during pregnancy. bout half the Negro women and a uarter of the Puerto Rican women had odified their diets considerably on intructions from physicians, nurses, or utritionists. The Puerto Rican women ad continued on their traditional diets ut they had started prenatal care earier than the Negro women. Nearly all f the women in both groups had eaten wide variety of meats, vegetables, and ruits.

Although the women had lived under rowded conditions, nearly all of them eported having had access to stoves, inks, and refrigerators. They had eaten t home and cooked for themselves or hared cooking duties with others. Howver, about 6 out of 10 had either shared esponsibility for marketing or did no arketing during the last 2 months of regnancy.

The study was conducted with a grant rom the Children's Bureau.

. . .

The U.S. Public Health Service PHS) recently issued the first license o manufacture and distribute a live atentuated mumps virus vaccine after an 8-month study of the vaccine for safety nd potency by the National Institutes f Health's Division of Biologics Standrds. The license was issued to Merck, harp and Dohme, the drug company hat developed the vaccine.

The new, single injection vaccine, preared from virus grown in chick embryo ulture, is intended primarily for chilren approaching puberty, adolescents, nd adults (especially males) if they ave not had mumps, and it is conidered beneficial to susceptible persons iving in institutions where epidemics pread easily. PHS does not recommend t for pregnant women or in routine se for infants and young children unil more information on the duration of mmunity is available, and warns gainst its use for persons allergic to ggs and neomycin.

According to PHS, about 80 percent f all people in the United States have mumps before adulthood. The disease is sually innocuous in childhood, although it sometimes causes complications. However, it may affect the testes and ovaries adversely if contracted after puberty.

In nationwide clinical tests carried out by the manufacturer, about 95 percent of the 6,500 susceptible children and adults to whom the vaccine was administered developed protective antibodies.

Infant mortality

The provisional rate for 1967 and the final rate for 1966 indicate that the declining trend in infant mortality in the United States is accelerating, according to a Children's Bureau analysis of figures from the National Center for Health Statistics. The provisional rate for 1967—22.1 infant deaths per thousand live births—represents a 6.8-percent drop from the final rate for 1966. The 1966 rate—23.7 infant deaths per thousand live births—represents a 4-percent drop from the 1965 rate of 24.7. During the 10 years before 1965, the infant mortality rate had declined by less than 0.8 percent a year.

Infant mortality rates for the States in 1966 ranged from a low of 18.1 for Nebraska to a high of 38.8 for Mississippi. Mississippi's rate in 1966, however, represents a 4.4 percent drop from its 1965 rate of 40.6.

Equally great variations in infant mortality rates existed among the more than 3,000 counties in the United States during the period 1961–65. Ten percent had rates of 17.8 per thousand live births or lower, but 10 percent had rates over 38.7. Slightly over 1 percent—42 counties—had 400 or more infant deaths beyond the number that would have given them an infant mortality rate of 17.8.

Education

The new National School Policies for Title VI of the Civil Rights Act of 1964 issued in March by the Department of Health, Education, and Welfare (HEW) for the first time set a date for the end of segregation in public schools receiving Federal money: by the beginning of school year 1968–69 or 1969–70. In issuing the new policies, HEW pointed out that they are based on the provisions of Title VI of the act, HEW regulations for Title VI, and Federal Court decisions relating to Title VI.

The new policies supplant and replace earlier statements, though they carry over many basic points. Earlier policies usually applied to the ending of dual school systems, mostly in Southern and Border States. The new policies emphasize ending practices that deny equal educational opportunities to children because of race, color, or national origin. They require the end of such practices as assigning the poorest teachers and giving inferior equipment to schools attended largely by children from minority groups. They also hold local school districts responsible for building new schools or for adding to or renovating old ones in ways that do not segregate children and for hiring and assigning teachers and other professional staff members without regard to race.

Staff members of HEW's Washington and regional offices are available to provide State and local school officials with advice and assistance in solving problems related to Title VI. In addition, the Department's Office of Education is authorized by Title IV to help local school authorities prepare and put desegregation plans into effect and to meet special problems.

Juvenile delinquency

Concern about the misuse of juvenile detention facilities by the police and the courts came out strongly at a national conference on juvenile detention held in Grafton, Ill., on March 11–15. The first of its kind, the conference was sponsored by the Southern Illinois University under a grant from the Office of Juvenile Delinquency and Youth Development, in cooperation with the Children's Bureau. The 51 persons from 27 States and the District of Columbia who attended included the superintendents and other staff members of 35 detention homes and consultants on detention from Federal and State agencies.

Many of the superintendents testified to overcrowded conditions in the facilities they operated, but said that the overcrowding was largely due to the detention of children who did not need it. In answering a questionnaire circulated at the conference, 24 of the 35 superintendents reported that their facilities had been overcrowded at some time during the past year; eight, that they had been overcrowded all the time; and eight, over 50 percent of the time. Some of the superintendents reported a falling off in overcrowding after the Supreme

Court of the United States rendered its decision in the Gault case (see pages 86 and 90), but that this was temporary.

Papers presented were on the following subjects: the function of detention, programing in a detention facility, State responsibility for detention, the implications for detention of trends in juvenile court law, and drug abuse among juveniles and the care of drug users in detention.

Although it was not in the agenda of the conference, the detention superintendents in attendance formed a new organization for staff members of detention facilities to be known as the National Juvenile Detention Association.

A full report of the conference will be made available by the Southern Illinois University in the future.

Health message

On March 4, 1968, President Johnson set forth five major health goals for the Nation in a message to Congress on Health in America. They were—

1. To reduce sharply the infant mortality rate.
2. To meet the need for more physicians, nurses, and other health workers.
3. To deal with the rising costs of medical care and to ensure the most efficient use of health resources.
4. To lower the toll of deaths caused by accidents.
5. To launch a nationwide "volunteer effort" to improve the health of all Americans.

In line with these goals the President proposed that Congress provide for—

- *Expansion of maternal and child health programs* through a Child Health Act of 1968 to assure that all needy mothers receive adequate prenatal and postnatal care; a safe delivery by trained health professionals; competent examination of the child at birth and expert treatment when needed; the best of modern medical care for the infant during his first year to prevent disease, cure illness, and correct handicaps; an opportunity for family planning on a voluntary basis.
- *Expansion of child health services* under Medicaid; the federally aided projects for the comprehensive health care of children and youth; project Head Start; Federal-State crippled children's services; and the Neighborhood Health Centers supported by the Office of Economic Opportunity.
- *The establishment of a Center for Population Studies and Human Reproduction* in the National Institute of Child Health and Human Development.
- *Expansion of family planning programs* to make such services accessible to women who want them.
- *The extension of health manpower programs* for training professional and auxiliary workers in the health field through a Health Manpower Act of 1968 to continue and strengthen the Health Education Act of 1963, the Nurse Training Act of 1964, the Health Personnel Training Act of 1966, the Health Research Act of 1965, and the Graduate Health Training Act of 1964.
- *Modernization of the health personnel system* of the Department of Health, Education, and Welfare through a Health Personnel Act of 1968 to provide for pay increases to attract and retain high caliber professional persons and a new promotional system based on quality of performance.

The President also asked Congress to authorize the Secretary of Health, Education, and Welfare to—

- *Employ new methods of payment for medical care* under Federal health programs to effect the provision of high quality care at lower cost.
- *Establish a reasonable cost range for drugs* provided under Federal health programs.
- *Prepare a United States Compendium of Drugs* in cooperation with pharmaceutical manufacturers, physicians, and pharmacists.

The President announced that he had directed the Secretary of Health, Education, and Welfare—

- To devise a plan of organization to achieve the "most efficient and economical operation of the health programs of the Federal Government."
- To begin extensive tests of incentives to reduce the cost of medical care.
- To devise, in cooperation with the Secretaries of Transportation and Defense, a test program to help States and communities develop effective emergency rescue systems.
- To furnish administrative services to a new President's Council on Physical Fitness and Sports, to be composed of Cabinet members under the chairmanship of the Vice President.

The President also called on State and local governments and private enterprise to step up their efforts to bring better health to the American people. He especially mentioned the medical and hospital associations, the health care institutions, the health insurance industry, the communication media, voluntary civic associations, employers and labor unions, charities, and church groups.

Unmarried mothers

Casework service is the most frequent type of service provided unmarried mothers served by 122 maternity homes and family and children's agencies affiliated with the Florence Crittenton Association of America, the National Conference of Catholic Charities, and The Salvation Army, according to the findings of a survey sponsored by these agencies, with support from the Children's Bureau. The survey obtained data by a computerized reporting system on more than 21,000 unmarried mothers and the services provided them by the reporting agencies in 1966.

In regard to services it found that—

- Though casework service was given to 86 percent of the mothers, it was a need unmet for 4 percent of the white mothers and 7 percent of the nonwhite mothers.
- Adoption counseling was provided for 82 percent of the mothers—to 85 percent of the white mothers but only 60 percent of the nonwhite mothers.
- 72 percent of the mothers received maternity home care, but only 56 percent of the nonwhite mothers received such care as compared with 75 percent of the white mothers. About 5 percent of all received some other type of residential care.
- Accredited education courses were provided for about half the mothers under 15 years old, for over 43 percent of those between 15 and 17, and for 9 percent of those between 18 and 21.

Among the findings about the unmarried mothers themselves were the following:

- The majority of the mothers (88 percent) were white.
- The nonwhite mothers were on the whole younger than the white mothers: 47 percent were under 18 as compared with only 24 percent of the white mothers.
- Almost half the unmarried mothers (48 percent) were students at the time they became pregnant. A third of the students were in college.
- Almost half (47 percent) were em-

ployed, mostly as office workers, sales clerks, or service workers.

- About 70 percent were living with one or both parents at the time of conception. About a third (32 percent) were from broken homes.
- The majority (70 percent) planned to place their babies for adoption.

The survey found that the reputed fathers were, for the most part, in the same age brackets as the mothers. Over half were students; 17 percent were unskilled laborers; and 12 percent were in military service. Seven out of 10 were single.

The survey also found that while the agencies had interviewed one or both parents of the unmarried mother in 59 percent of all cases and in 72 percent of the cases in which the unmarried mother had been living at home when she became pregnant, interviews with the father of the child were held in only 7 percent of the cases.

. . .

Although the rate of births out of wedlock (number of births per thousand unmarried women aged 15 through 44) nearly trebled between 1940 and 1957, it tended to level off between 1958 and 1965, according to figures gathered by the National Center for Health Statistics, U.S. Public Health Service. From a study of birth certificates in 34 States and the District of Columbia, the center found that the rate rose from 7.1 in 1940 to 21.0 in 1957, but between 1958 and 1965 increased some years and decreased others. In 1965 it was 23.5.

Over the years, the difference between rates for nonwhite and white women has declined. In 1950, the rate of reported births out of wedlock among nonwhite women was 12 times as high as among white women but in 1965 it was only 8 times as high. While the rate among nonwhite women declined 1 percent between 1960 and 1965, the rate among white women rose 26 percent. The rate among nonwhite teenage girls (15 to 19) declined 5.6 per thousand between 1957 and 1965, while among white teenage girls the rate increased by 1.5 births per thousand. In both groups, the rates of births out of wedlock were higher in 1965 and had increased more since 1940 among women over 25 than among teenage girls.

These and other facts are contained in "Trends in Illegitimacy: United States, 1940–1965," Series 21, No. 15, National Center for Health Statistics. (Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Price: 55 cents.)

BOOK NOTES

VENTURES IN JUDICIAL EDUCATION. The National Council of Juvenile Court Judges. Allen-Fisher Press, Chicago, Ill. 1967. 168 pp. Mailing charge only.

Addressed to persons interested in the problems of children's courts or in continuing education for professional persons, this book describes a 3-year demonstration training program for juvenile court judges. The program was conducted by the National Council of Juvenile Court Judges in collaboration with National Training Laboratories and the George Washington University Center for the Behavioral Sciences.

The book begins with a description of a pilot institute held in 1961 and attended by 27 judges from 17 States, which became a base for the development of a program of five national 6-day institutes and five 2-day State meetings held each year for the 3 years of the demonstration. It goes on to describe the training methods and materials used in the institutes, the procedures for continuing evaluation, and the results of studies on juvenile court judges and their practices undertaken to provide baseline material for the institutes.

The book maintains that one major result of the program has been the strengthening of the National Council's ability to carry on educational activities and to conduct research on subjects of judicial concern. It also maintains that the program was chiefly responsible for stimulating the formation of new State councils of juvenile court judges for the same purpose.

ATLAS FOR SOMATOTYPING CHILDREN. G. Petersen, M.D. Charles C Thomas, Springfield, Ill. 1967. 244 pp. $63.

The outcome of 8 years' research on the constitution of children is reflected in this atlas for somatotyping children, the author says in his preface. He has prepared the atlas because in his opinion "knowledge of physique is of vital importance in the medical care of children" and somatotyping of children can be useful in detecting "basic differences in human function and behavior" and in pointing out "physiological and behavioral peculiarities."

The book is accompanied by a chart—"Scheme of Somatotypes in Children"—illustrated, as is the book itself, with photographs selected from 12,000 taken of schoolchildren in the Netherlands.

PATTERNS OF SOCIAL FUNCTIONING IN FAMILIES WITH MARITAL AND PARENT-CHILD PROBLEMS. Gerson David. University of Toronto Press, Toronto 5, Ontario, Canada. 1967. 297 pp. $7.50.

The Family Diagnosis Research Project on which this book reports was carried out by the Family Service Association of Metropolitan Toronto, a casework agency for families with marital or child-parent problems, on a sample of 123 families. The project tried to measure the "role perception and role function" of the family members. It used a model developed by the Allegheny General Hospital of Pittsburgh—a questionnaire answered by family members—and the evaluations of family caseworkers.

The project found that the main problems in middle class families centered on household tasks and child rearing; in lower class families, on affection (sex and communication). But lower class families were more "egalitarian" as far as the division of household labor went. The social workers thought that they were better able to help upper and middle class families than lower class families. The author points out that this may have been because lower class families must spend so much of their energy to just keep going that they often have very little left to cope with their other problems.

The model provided "an objective tool which yields scores or classifications independently of who does the scoring," the author concludes.

THE PREDICAMENT OF THE FAMILY. Edited by Peter Lomas. International Universities Press, New York. 1967. 219 pp. $5.50.

The nine papers presented in this book, the third volume of the International Psycho-Analytical Library on the family, illustrate the work of several British psychoanalysts. Centering on the family as a unit of study, the contributors discuss the effects on personality of marriage, childbirth, the mother and the baby as a unit, psychotherapy in adolescence, family structure, and family therapy.

In the first paper, the editor sets the tone by discussing the meaning of help for the individual patient in psychoanalysis through help for the family. He says: "It is always comforting . . . to obtain confirmation of the patient's perceptions from others in the family, and this can be done if more than one member is analysed."

PARENTS LEARN THROUGH DISCUSSION: principles and practices of parent group education. Aline B. Auerbach. John Wiley & Sons, New York. 1968. 358 pp. $7.95.

That parents can be helped to become better parents through group education is a major theme of this book written by a specialist in parent education long associated with the Child Study Association of America. Parent group education, she maintains, brings educational experience to parents that adds to their understanding of their children; causes them to question old ways of thinking, feeling, and acting; and helps them develop new methods, as needed, of dealing with their children, themselves, and their environment.

The author takes up the following aspects of parent group education: principles; practices; group interaction; the role of the leader; training for leadership; the difference in method and goal of group education, group dynamics, and group counseling; and needed research. She also discusses ways of working with groups of parents with special problems: expectant parents, unmarried mothers, parents of handicapped or disturbed children, adoptive and foster parents, and parents of low socioeconomic status.

British publications

SCHOOLS FOR YOUNG OFFENDERS. Gordon Rose. Tavistock Publications, London, England. 1967. 244 pp. $9.50. U.S. Distributor: Barnes & Noble, Inc., 105 Fifth Avenue, New York, N.Y. 10003.

Describes the development, structure, and operations of schools for the education and training of juvenile offenders in England and Wales and identifies and examines some of the problems involved in their operation.

FAMILY ADVICE SERVICES: an exploratory study of a sample of such services organised by Children's Departments in England. Aryeh Leissner. Longmans, Green & Co., London, England, in association with the National Bureau for Co-operation in Child Care. 1967. 86 pp. $2.25. U.S. Distributor: Humanities Press, 303 Park Avenue South, New York, N.Y. 10010.

Reports on the findings of a study of family advice services established in the children's departments of local governments in England with support from the Home Office.

SERVICES FOR HANDICAPPED YOUTH IN ENGLAND AND WALES. Wallace W. Taylor and Isabelle Wagner Taylor. International Society for Rehabilitation of the Disabled, 219 East 44th Street, New York, N.Y. 10017. 1966. 340 pp. Single copies free from the Society.

Reports on a study of governmental and voluntary services available to handicapped children ages 14 through 21 in England and Wales, including educational; vocational assessment, guidance, and placement; vocational training; employment; medical; and welfare.

INVESTMENT IN CHILDREN: a symposium of positive child care and constructive education. Edited by M. L. Kellmer Pringle. Longmans, Green & Co., London, England. 1967. 180 pp. $2.25. U.S. Distributor: Humanities Press, 303 Park Avenue South, New York, N.Y. 10010.

Includes 10 papers concerning the roles of education, pediatrics, psychiatry, and social work in theory, policy, administration, and practice in preventing mental and physical handicaps in children and in helping them develop to their full potential. The papers were originally presented at the 1965 conference of the National Bureau for Co-operation in Child Care, London, England.

THE YOUNG OFFENDER. D. J. West. International Universities Press, 239 Park Avenue South, New York N.Y. 10003. 1967. 333 pp. $6.50.

A British psychiatrist discusses th nature and extent of crime among youn people, the backgrounds of the offenders, psychological theories of delinquency, sex offenses, drug use, an violence, and penal systems, and warn of the dangers of drawing parallels between countries and of generalizin from statistics.

IN THE JOURNALS

Growing up in Appalachia

What it is like to grow up in Appalachia is described by two psychiatrists, Robert Coles, M.D., and Joseph Brenner, M.D., in an article in the January 1968 issue of the quarterly, *American Journal of Orthopsychiatry*. ("American Youth in a Social Struggle (II): the Appalachian Volunteers.") The article reports on the psychosocial factors confronting the college students who went to work as volunteers in Appalachian mountain communities in the summers of 1965 and 1966.

The authors contrast the child-rearing practices of the mountain people with those of other rural white Southerners, of migrants, of urban Negroes, and of suburban white people. Appalachian mothers, they found, seem close to their children and yet detached from them. They hold their babies with "obvious warmth" and "breast feed them with pleasure." but they do not give the same kind of continuous attention to their children's movements and noises as do anxious suburban mothers. They anxiously train their children very early to use outhouses, but seem undisturbed by destructive play in the home.

While Appalachian children are given a great deal of bodily freedom, the authors report, they have little privacy from other members of the family—brothers and sisters, aunts, uncles, cousins, grandparents, as well as parents—and this seems to make for greater closeness among siblings and for less of the intense parent-child relationships seen in suburban nuclear families. Work comes early in the form of family tasks.

Identity crises and rebellion, the authors say, are not so common among young people in Appalachia as elsewhere because of their strong sense of family and community. Because of the scarcity of jobs, many young mountain people leave home, but they leave reluctantly.

The college volunteers who came to the area to build roads, teach the three R's, and help to effect better sanitation were, as one Appalachian youth put it, "mighty strange hereabouts," but according to the authors, they and their mountain hosts learned to come to terms with each others' customs and tempo as they worked together to alleviate some of the difficulties of the region.

Parents of fatally ill children

A study of social work with the parents of 165 fatally ill children found that those who had ego strength and who from the start showed ability to cope with the stress of their children's illness were those most likely to decide what social work they needed and to use what they got most effectively, report Priscilla A. Lang and Jeanette R. Oppenheimer in the March 1968 issue of *Social Casework*. ("The Influence of Social Work When Parents Are Faced With the Fatal Illness of a Child.") The parents whose adaptability was poor often had to be helped to see the need for and to use social work. And the caseworker was able to predict from the first interviews which parents would have the greatest need for social work. The study was conducted between 1961 and 1964 at the Roswell Park Memorial Institute, Buffalo, N.Y.

According to the authors, after the first interviews the social worker rated 52 couples as likely to be "successful" in coping with the situation; 88 as likely to be "moderately successful"; and 25 as likely to be "unsuccessful." While their children were in treatment, the parents were offered psychological support, help in obtaining care for the child, and help in developing ability to cope with the situation. Of those expected to be "successful" or "moderately successful" who sought casework, 92 used an average of 26.7 casework interviews each; 12 of the "unsuccessful" couples required an average of 69.8 interviews each. Only a few of the "successful" couples used all three services; 11 required no help at all.

At the end of the casework, the authors report, most of the parents were still in the same classifications.

Campus preschool projects

"Mary is beginning to use longer and more descriptive phrases, to become more aware of her environment, and to interrelate with other people." This comment from a student volunteer reveals the aims of the West Berkeley Preschool Project at the University of California at Berkeley described by Norma H. Stauffer in the February 1968 issue of *The YWCA Magazine*. ("A Warm One-To-One Relationship.") Under the 3-year-old project, sponsored by the College and University Division, National Board, YWCA, each academic year 65 students commit themselves to giving a minimum of 2 hours a week to develop a warm one-to-one relationship with a culturally deprived preschool child and thus to help the child become more receptive to learning and to relationships with other people.

According to the author, the volunteers are chosen on the basis of emotional maturity, experience with and interest in young children, knowledge of the community, wide interest range, and positive attitudes toward minority groups. The children are referred by school principals, Headstart and nursery school teachers, social workers, parents of participants, and others. The activities the volunteer plans for the child depend on his assessment of the child's needs. These have included trips to the park, the zoo, the library, department stores, construction sites, airports, yacht harbors, and campuses; painting; clay modeling; making cookies; and planting seeds.

Comments of children, parents, and volunteers indicate that on the whole participation in the program has been satisfying, the author reports.

Disturbed adopted children

Psychiatric disturbances in adopted children may be related to unconscious, unresolved aversion to parenthood in the adoptive parents, write Shirley A. Reece and Barbara Levin in the January 1968 issue of *Social Work* ("Psychiatric Disturbances in Adopted Children: A Descriptive Study"). If this assumption is correct, the two maintain, adoption workers must be helped to find quicker ways of spotting personal problems in prospective adoptive parents that could keep them from becoming successful parents.

The authors base their assumption on the results of a study of 30 cases involving adopted children ranging in age from under 2 years to nearly 18 out of a total of 1,017 cases of disturbed children handled by a psychiatric clinic in San Francisco between 1954 and 1963. None of the children had been adopted by relatives.

The adoptive parents complained of aggressive and antisocial behavior in the children at home and at school. Sixteen couples had asked for or were considering asking for their children to be placed away from home, and four were trying to revoke the adoption. In the course of the agency's work, the parents' motives for adopting came into question: they had apparently adopted children as a means of resolving personal and interpersonal problems. They appeared defensive, rigid, and secretive; they denied problems existed or projected blame on others.

The authors report that a study is underway of children referred to the agency who are living with their own parents to compare their cases with those of the adopted children in this study.

Children from broken homes

Children whose fathers had been absent from home for 2 or more years saw the duties of parents in about the same light as children from intact families, Mary Margaret Thomes says in reporting on a study she had made concerning the effects of paternal absence on children in the February 1968 issue of the *Journal of Marriage and the Family.* ("Children with Absent Fathers.") Her subjects were 47 children whose parents were divorced or separated and 37 children from intact families, whom she questioned individually at home concerning their ideas about parental duties, the makeup of the family, their relations with other children, and themselves. Their ages ranged from 9 to 11 years. The parents were matched by age, education, and economic status (low), and all were white.

Though both groups of children chose "father" less often than "mother" as the person to perform such parental duties as discipline, only four children from broken homes failed to include "father" in their description of a "home," the author found. About a third in both groups said they would go to their fathers first with a problem. Hostility toward a father was about as great in both groups. When asked what they wanted most for the family, only six children from the broken homes said a "father." Children in both groups scored alike in describing themselves and what they would like to be.

The author suggests two reasons why the absence of the father had had so little effect on the children: their age and the length of time the fathers had been gone. From 9 to 11, she maintains, is a period of "relative quiescence in personality development," and, as the absent fathers had been away from home for at least 2 years, the immediate period of adjustment following the father's departure was past.

---

guides and reports

TEACHING THE DISADVANTAGED. Gertrude Noar. Department of Classroom Teachers, National Education Association, 1201 16th Street NW., Washington, D.C. 20036. "What Research Says to the Teacher" series no. 33, 1967. 33 pp. 25 cents.

Discusses the specific learning problems of disadvantaged children and suggests teaching methods to help overcome them.

ROADS TO MATURITY: proceedings of the Second Canadian Conference on Children, Montreal, Canada, October 31–November 4, 1965. Edited by Margery King. University of Toronto Press, Toronto 5, Ontario, Canada. 1967. 146 pp. $5.95.

Contains the formal papers and discussion group reports of a conference centered on problems impeding the development of children and young people in Canada and on new methods of dealing with them.

LET'S TRY IT: conserving our natural resources. Girl Scouts of the United States of America, 830 Third Avenue, New York, N.Y. 10022. 1967. 25 pp. 35 cents.

Presents a revision of a manual for young people on why and how to conserve the Nation's natural resources.

MILD MENTAL RETARDATION: a growing challenge to the physician. Formulated by the Committee on Mental Retardation, Group for the Advancement of Psychiatry, 104 East 25th Street, New York, N.Y. 10010. Vol. 6, GAP Reports No. 66, September 1967. 64 pp. $1. Discounts on quantity orders.

Discusses the diagnosis, psychopathology, etiology, prevention, and treatment of mild mental retardation in children and adults (persons with IQ's of 50–70) and examines some legal questions and community problems related to patient care and family counseling.

A PREKINDERGARTEN PROGRAM FOR FOUR-YEAR-OLDS: with a review of the literature on preschool education. Ruth A. Bouchard and Bernard Mackler. Center for Urban Education, 33 West 42d Street, New York, N.Y. 10036. November 1967. 50 pp. 25 cents. Discounts on 21 or more copies.

Discusses the results of a 9-month study of the behavior and performance of 15 four-year-old children in a Headstart program in Harlem in relation to the findings of similar studies of other preschool programs.

READERS' EXCHANGE

SPECHT *et al: Neighbor to neighbor*

I was particularly interested in the article by Harry Specht, Arthur Hawkins, and Floyd McGee entitled "The Neighborhood Subprofessional Worker," and the comments following it (CHILDREN, January–February 1968) because my agency sponsors two neighborhood service projects supported by the Office of Economic Opportunity and employs 11 full-time and 90 part-time subprofessional workers from the poverty-stricken neighborhoods being served. These workers have been used to identify the unemployed and underemployed and inform them about employment resources, follow up on persons who have had difficulties on the job, recruit members for neighborhood councils and committees, work on the staffs of such councils and committees, serve as school aides and promote improved communication between schools and families, and supervise "tot-lots" and recreation programs.

For the past 3 years, our experience with subprofessional workers in such assignments have been more than satisfactory. However, we find the observations that Pearl and Riessman made in their book, "New Careers for the Poor" (The Free Press, New York), to be valid. Job descriptions *do* need to be specific and related to the workers' limitations and potentials. Close supervision *must* be provided. Opportunities for advancement *are* important. Inservice training *is* essential but *cannot* serve as a substitute for professional education on the graduate level.

We have encountered some problems in using neighborhood workers that have identified some danger points:

1. For some persons, "a little knowledge is a dangerous thing," and they may develop the attitude, "Who needs the pros?"
2. The professional person's ability to contribute service may be negated by the subprofessional worker's feeling that only the poor can really understand the poor.
3. Pressure may be applied to deal with symptoms and immediate problems instead of seeking to discover and treat the roots of problems.
4. Tendencies of subprofessional workers to identify with the persons who are seeking help may need to be dealt with before they can be objective in helping others.
5. Difficulties in maintaining respect for the confidentiality of information may arise.
6. The subprofessional workers' own needs may dominate their efforts.

But we have also found that the following advantages can come from the involvement of neighborhood residents in the agency's work:

1. A stronger identification among the other residents of the neighborhood with the agency may result.
2. The services developed are more likely to be related to the neighborhood's greatest needs.
3. Agency goal-setting is more likely to be realistic and related to its clients' potentials.
4. The agency efforts is likely to reach persons with the severest problems and greatest needs.
5. For the subprofessional workers, the work experience can provide some needed work discipline and skills, can motivate them to seek additional training and employment in private industry, and can provide them with needed employment references.
6. The neighborhood worker's identification as a staff member plus a sense of adequate performance can strengthen his self-respect, a quality without which any helping is difficult if not impossible.

Finally, the professional worker himself may benefit. Subprofessional workers can relieve him of assignments not requiring his special professional skill. They can show him that poor people have areas of strength as well as problems; that poor people and subprofessional workers cannot be stereotyped any more than professional workers; that potential for growth and change varies from person to person; that the reasons for poverty are numerous; and that subprofessional workers may in some respects be superior to professional persons. What each does needs to be related to what each has to give.

Howard C. McClary
Executive Director
Cincinnati Union Bethel
Neighborhood Services
Cincinnati, Ohio

BURGESS: *A short-sighted approach*

As Linda Burgess points out in her article, adoption agencies have for too long operated as though the unwed father was "an elusive ghost." ["The Unmarried Father in Adoption Planning," CHILDREN, March–April 1968.] As a consequence, our experiences with unwed fathers and our understanding of him as a person are still limited. Mrs. Burgess, I feel, reflects this when she states: "The agency's chief purpose in interviewing the father is to gather detailed information on his background and personality in order that selection of adoptive parents for his child may be intelligently related to the child's heredity." Although unwed fathers may respond to this appeal, it is a short-sighted approach if it does not provide services for the unwed father and his parents.

Mrs. Burgess refers to the practice of "matching" baby and adoptive parents. The importance of this practice to adoption planning needs reappraisal. Efforts on the part of many adoption agencies to find homes for multiracial and hard-to-place children point away from a matching concept and toward a need to help adoptive parents to a greater acceptance of differences. Still a better understanding of the unwed father as a person, of how he has dealt with his problems, of his relationship with the unwed mother, and of how they have arrived at decisions regarding the baby and their own futures are of prime importance to the social worker in helping adoptive parents understand better *their* attitudes and feelings toward both biological parents of their child.

As we further our understanding of parenthood out of wedlock and all its ramifications, we cannot help but see the unwed father as a person in need of help with many of the same problems as the unwed mother. This makes it necessary for adoption agencies to find ways of integrating their efforts in his behalf with their efforts in behalf of the unwed mother. Moreover, unless meaningful casework services are made available to unwed fathers, any effort to prevent out-of-wedlock births can only hope to be 50 percent effective, at best.

Mrs. Burgess is to be commended for recognizing and doing something about the need to include the unwed father in adoption planning. It would be unfortunate, indeed, if the services she describes are not eventually expanded to provide the same quality of help to unmarried fathers as are now provided to unmarried mothers.

Reuben Pannor
Director of Casework and Research
Vista Del Mar Child-Care Service
Los Angeles

GALLAGHER: *Hope for the retarded*

Ursula Gallagher has written an arresting article in the January–February 1968 issue of CHILDREN ["The Adoption of Mentally Retarded Children"]. Her emphasis on the *mildly* retarded, rather than on the *profoundly*, *severely*, or even *moderately* retarded, should help clarify the need for a high degree of selectivity in efforts to bring about adoption for the mentally retarded.

Her emphasis on the skill needed in identifying and encouraging applicants who have potential to adopt retarded children and her list of qualities adoptive parents of the retarded should have are much needed by the field of practice.

Her emphasis on the need for enough flexibility in agencies' adoptive practices for them to include single persons as adoptive parents should encourage agencies to go in that direction.

To Miss Gallagher's stimulating case illustrations, I should like to add one from my own agency in which the adoption took place some 20 years ago. Helen was 10 years of age when adoptive placement was considered. She was an extremely attractive child with a high degree of social adaptability, but with an IQ that indicated she could progress no further than the fifth grade. Helen was adopted by a "giving" couple, but a couple who also wished to "get." She met their need for a physically attractive, highly adaptable child. Helen later married a stable young man, the son of the town banker, and has been a good mother to her children, all of whom have normal intellectual capacity.

My point is that many "mildly retarded" children have much to "give" adoptive parents in affection, social adaptability, and physical appearance. It is to be hoped that the child welfare agencies will embark on further efforts toward finding adoptive parents for such children. If the adoption agencies obtain pertinent knowledge of the genetic background of the children involved, identify the potential strength of adoptive applicants, help practitioners overcome their feelings about handicaps, and exercise a high degree of skill in the selection of adoptive homes, many more "mildly mentally retarded" children should find permanent homes through adoption.

Lorena Scherer
State Child Welfare Supervisor
Division of Welfare
Missouri Department of Public Health
and Welfare, Jefferson City, Mo.

Some questions

The term "unadoptable children" needs constant redefinition. In her article, "The Adoption of Mentally Retarded Children," Miss Gallagher argues cogently that the mildly retarded child is adoptable. Although I am in basic agreement with her position, nevertheless, the article brings certain questions to mind.

Foremost is the question of diagnosis. If *mildly* retarded children are adoptable but probably not *moderately*, *severely*, or *profoundly* retarded children, adoption agencies need increased knowledge and skill to make such distinctions as early and as nearly accurate as possible.

Early diagnosis is difficult since the main diagnostic tool is the child's development as perceived over a span of time. By the time an agency is comfortable with the assessment of the degree of retardation, the adoption of the child has become complicated by the child's age. Then, as in the first case example given by Miss Gallagher, the adoption of the child by the foster family with whom he is living ought to be the first avenue explored. Converting foster homes to adoptive homes (with a subsidy if needed) is one of the most useful ways of facilitating the adoption of hard-to-place children.

A second question relates to the availability of *enough* adoptive homes for all the mildly retarded children who need them. I am certain such homes exist and fairly hopeful that they exist in larger numbers than we know. Miss Gallagher suggests certain qualities she would expect in couples capable of being successful adoptive parents of a mentally retarded child. Many of these qualities would be those that would enable a couple to successfully adopt other hard-to-place children too. Are there enough such couples for all of these children or enough couples who could be unusually successful with a retarded child? I am not suggesting that we should seek less diligently for homes for retarded children, but only speculating about the size of the reservoir.

And, finally, the recruitment and study of the prospective adoptive parents and the accurate evaluation of the children raise questions about the use of staff and money. The adoption placement of a mentally retarded child is more difficult, more expensive, and more time-consuming than the placement of a normal one. At a time of critical staff and budget shortage, who should undertake it? Once again I am struck with the paradox in the way services are provided in so many communities. Relatively stable and highly trained staffs of private agencies are busy with the easier tasks—placing normal white infants—while public agencies with larger caseloads and greater problems in securing and keeping highly trained staff are dealing as best they can with the hard-to-place. Clearly the situation ought to be reversed.

Kenneth W. Watson
Director of Foster Care and Adoption
Chicago Child Care Society
Chicago, Ill.

Correction

Decimal points were inadvertently omitted from a sentence in Gunnar Dybwad's article, "Who are the Mentally Retarded?" in the March–April 1968 issue of CHILDREN. It should read: "We know that in the so-called developed countries between .1 and .2 percent of the population—in other words, one to two persons per thousand—are so retarded as to require residential care under present circumstances."

U.S. GOVERNMENT PRINTING OFFICE: 1968

JULY • AUGUST 1968

children

Mentally Retarded Volunteers

Pediatricians in Public Health

Howard Preschool Project

Followup on Child Abuse

VOLUME 15 • NUMBER 4 • JULY–AUGUST 1968

children

AN INTERDISCIPLINARY JOURNAL FOR THE PROFESSIONS SERVING CHILDREN

Readying Retarded Adolescents for Work Through Volunteer Service 130
Beatrice Levine

Enriching the Preschool Experience of Children From Age 3
I. The Program 135
Flemmie P. Kittrell

II. The Evaluation 140
Jean C. Fuschillo

A Career Development Program in Maternal and Child Health 144
Helen M. Wallace, Samuel Dooley, Victor Eisner, and Constance Fraser

Injured Children and Their Parents 147
Betty Johnson and Harold A. Morse

The Group Process in Adoptive Homefinding . . . 153
Louise B. Dillow

Programs for Delinquent Boys in Three East European Countries 158
A. Alfred Cohen and Syra R. Cohen

A Kaleidoscopic Look at Disadvantaged Children . 161
John Meier

book notes 164

here and there 165

readers' exchange 167

A squirming baby on a routine visit to a well-child clinic receives a careful going over by a staff pediatrician of a local health department. A program to encourage young pediatricians to take up careers in public health is described on pages 144–146.

children

National Advisers to CHILDREN

David B. Ast, *dentistry*
Edwin M. Gold, *obstetrics*
Herman R. Goldberg, *education*
Beatrice Goodwin, *nursing*
Ira J. Gordon, *psychology*
Robert J. Havighurst, *youth development*
Robert B. Kugel, *pediatrics*
Hylan Lewis, *sociology*
Patricia G. Morisey, *social work*
Sanger B. Powers, *corrections*
R. Gerald Rice, *maternal and child health*
Virginia Richardson, *child welfare*
Albert J. Solnit, *psychiatry*
Walter J. Wadlington III, *law*
Franklin M. Zweig, *community planning*

Children's Bureau Staff Advisers

Will Wolstein, *chairman*
Division of Social Services

Grace M. Angle
Office of the Chief

Dorothy E. Bradbury
Division of Reports

Kenneth S. Carpenter
Division of Juvenile Delinquency Service

Hyman Goldstein
Division of Research

Jane S. Lin-Fu
Division of Health Services

Editorial Staff

Kathryn Close, *Editor*
Catherine P. Williams, *Associate Editor*
Mary E. Robinson, Willamena Walthour, *Assistants*

The ability to work is often considered one measure of a person's mental health. For the mildly retarded adolescent who also has emotional and organic problems, it is often difficult to get ready for employment as an adult, particularly as society is not yet prepared to provide jobs for every retarded person who could work. Social agencies serving mentally retarded adolescents can help ready them for work as adults.

The Edenwald School, a residential treatment institution in the Bronx sponsored by the Jewish Child Care Association of New York, has undertaken a project to find a way to get retarded adolescents ready to return to the community as working adults. The project emphasizes volunteer work at hospitals, homes for the aged, and a day-care center, for adolescents from 14 to 18 years of age who have been placed in the institution.

Edenwald School serves 64 boys and girls, from 8 to 18 years old, who are mildly retarded (IQ's from 60 to 80). Many of those served suffer from brain damage and severe emotional disturbance. They come from different socioeconomic backgrounds and from both intact and broken homes. Most have been placed at Edenwald School because the problem of a retarded child in the home was more than the family could cope with. The retarded child in some families is the scapegoat, and the treatment he receives there often masks the family's pathology.

Nevertheless, most of the families who place children at Edenwald School have at least one source of strength in the presence of an employable person, usually the father, but sometimes both parents. Ability to work and economic self-sufficiency are extremely important in the family's value system.

Many of the parents of the children placed at Edenwald School have sought counseling for themselves as well as help for their children. The fear that haunts them most is that their children will not become self-sustaining adults. After placing their children at Edenwald, many parents still struggle to accept as reality their children's intellectual and emotional limitations. They must learn to give up hope for advanced education and fantasies about their children's ability to hold jobs requiring skill. Once they face the truth about their children's ability, the first question they ask themselves is whether the children will be able to hold jobs when they are grown. Will the results of brain damage—hyperactivity, distractability, impulsivity, and perceptual difficulties—bar employment? Will limited education rule

readying RETARDED ADOLESCENTS FOR WORK through VOLUNTEER SERVICE

BEATRICE LEVINE

ıt employability in a world emphasizing education ıd skill? Will the child's low self-esteem, the result f repeated failure, make him fear venturing into nployment? These are some of the questions that ersist in the minds of parents with retarded hildren.

Casework at Edenwald School with the parents elps them cope with their anxiety and lessens the ossibility of their further damaging their children. n addition, the school works with each child to get im ready for employment as an adult. The staff of he school knows that a child's successful return to is family hinges on his ability to work when he eaches adulthood. His economic contribution to the amily, although important, is not the paramount ssue; rather, it is this: the family's perception of im and his own perception of himself as worthy are ependent on his ability to work. If he lives at home ithout a definite role, his adverse perception of imself grows. His idleness becomes a constant irriant to other members of the family, and it may upet the family's equilibrium and exacerbate its athology.

process of evolution

Before explaining how Edenwald School gets an dolescent ready for work in the community, let me efine the school's conception of work for its children. The staff believes that the ability to work is n evolutionary process through which individual ersons, especially retarded persons, learn the rudiments of self-care and acquire the ability to take responsibility appropriate to their ages, not a stage that suddenly occurs in late adolescence or early adulthood.

Many children at Edenwald do not know how to care for themselves when they are placed. In despair of teaching them self-care, their parents have done everything for them and have, consequently, perpetuated infantile dependency. Edenwald's staff must often teach children how to dress and wash themselves and how to make beds, dust, and sweep. For some children, the repetitive method of teaching suffices. But for others, particularly those with perceptual disorders, special training methods are necessary. For example, 12-year-old Diane, a child with dysphasia, was unable to understand spoken directions and explanations, though she had good reading ability. The school's language specialists wrote out instructions using Diane's own words to explain ideas to her. To explain how to make a bed, for instance, they wrote "take out wrinkles" because that is how Diane put it. Diane referred to written instructions until she could do a task automatically.

The first step Edenwald takes in preparing an adolescent for work is to enable him, even though he has severe organic damage, to care for himself in his environment. When he has mastered self-care, the adolescent usually looks around and sees other boys and girls at Edenwald working; he soon learns that those who work get larger allowances and enjoy higher status. Jobs at the school include assisting kitchen workers, porters, and groundkeepers and waiting on tables in the staff dining room. The adolescents hold in high esteem the job of messenger from the school to the agency's main office, for it implies trust in them to deliver important material. Although some of the skill acquired in these jobs may be transferable to employment in adult life, the most important reason for offering the opportunity for work experience is to inculcate good work habits. To work successfully, the adolescent must have the drive to carry out a job and the ability to follow directions and to work harmoniously with other adolescents and supervisors.

But for adolescents who failed in many aspects of their lives before placement in an institution, Edenwald School can be a refuge from the world. The thought of returning to the world is fraught with anxiety for them. The school tries to ease its boys and girls back into the community. Preparation for employment is one vehicle used, and adolescents are introduced at age 14 to a cooperative work project the school has with the Federation Employment and Guidance Service of New York. Twice monthly, 12 adolescent boys and girls go as a group to the service's workshop to do simple assembly work, for which they are paid. The service also does initial testing and vocational counseling for Edenwald.

The school's staff knows, of course, that definitive vocational choices cannot be made for adolescent children. But the staff also knows that the school helps the children when it expresses faith in their eventual employability. The idea of working in the community is laden with anxiety for most of the children. They fear they will fail again and that the community will reject them. They cannot always put their fears into words; they mask them with bravado, deny them, act them out, or regress to maladaptive behavior.

The volunteer program

In our urban communities, adolescents get ready for adult employment as newspaper boys, delivery boys, babysitters, camp aides, and, in recent years, as volunteers in recreation centers, hospitals, and homes for the aged. Several years ago the idea of helping the children at Edenwald prepare for employment in volunteer jobs struck the staff as promising. Knowing that the American Junior Red Cross has an extensive summer volunteer program through which it places thousands of young people, Edenwald staff members got in touch with that organization and worked out a program. However, the program proved impractical on several counts. Edenwald's staff, for instance, found it impossible to integrate an adolescent's job performance with his development and adjustment at Edenwald. The school was only alerte to trouble when extreme difficulties developed. More over, dissatisfaction with the children from Eden wald grew in the community. Their behavior was to difficult to handle because they needed more super vision than the host agencies could afford, and the did not produce enough to make a real contributio to service. In June 1964, Edenwald was notified tha only four children could be placed that summer.

Clearly, Edenwald's adolescent children could no be sent into the community without better liaison wit the agencies offering the jobs. To set up a progra that would meet the children's needs, the staff a Edenwald School drew up these goals:

1. To get an understanding of the job assignmen by learning what responsibilities each required befor determining where to place an adolescent.

2. To require reports on the children's performanc on the job so that the staff could help a child hand difficulties as they arose or could help the child mak the most of success.

3. To help volunteer directors and job supervisor on the one hand, avoid unreasonable expectations fo job performance and ability to take responsibilit and, on the other, avoid tolerating poor job perform ance, because acceptance would not help the child an would lead to frustration in the supervisor.

With these goals in mind, in the summer of 196 the staff of Edenwald School got in touch with fou agencies—two hospitals and two homes for the aged- and placed 13 adolescent children with them in volu teer jobs. In the next years, the staff was able to pla adolescents in a hospital, two homes for the age and a day-care center: 16 in the summer of 1965; in the summer of 1966; and 21 in the summer of 196 This summer it has 21 adolescents in volunteer job

In addition, after the first summer program prov

Beatrice Levine is an administrative casework supervisor at the Edenwald School of the Jewish Child Care Association in New York City and director of the school's volunteer work project for retarded adolescents she describes here. Before going to Edenwald 7 years ago, she worked in the group counseling program for foster parents and children in the Association's foster home division. She is a graduat of the University of Pennsylvania School of Social Work.

ccessful, the staff developed a year-round work
ogram for which children are released from school
ie afternoon a week. This program offers work con-
nuity and so lessens anxiety built up between
mmer assignments. The program also lets the
aff put an adolescent in a job when he is ready.
hrough this program, an adolescent can become
climated to his job, his coworkers, and his super-
sors before the summer, when he will work several
ys a week.

iaison with agency

From the beginning of each assignment, Eden-
ald's staff members encourage the host agency to
hare information about every aspect of the adoles-
nt's performance, and they are in frequent touch
ith each agency by telephone or through personal
nterviews with the director of volunteers. At the
art of an assignment, the adolescent's behavior
ad how his intellectual, organic, or emotional prob-
ms might affect his job performance are explained
the director. Once a supervisor understands an
dolescent's problem, he usually continues trying to
elp. In addition, a case aide from the school often
orks with the adolescent when he begins an assign-
ent and assists him in crisis.

Once staff members of the host agency overcome
heir fear of or prejudice against working with re-
rded adolescents, they are eager to help. But their
evotion, though vital to the adolescent's success, has
rawbacks. In their sympathy, they may not expect
dequate job performance or may hesitate to ask for
he end of a burdensome assignment. Edenwald's
taff believes that persons in charge of volunteer
rograms must not carry the burden of the adoles-
ents' problems and failures and that they should not
eel guilty in requesting an end to an assignment.
f an adolescent fails, Edenwald's staff shares respon-
ibility for ending the placement.

Staff members of Edenwald are always ready to
isit the host agency whenever trouble develops and
do not leave volunteer directors and job supervisors
o struggle alone. Nevertheless, directors and super-
isors do at times feel burdened. They want to help
ut cannot always get the adolescent volunteers to
do acceptable jobs. At this point, Edenwald's recog-
ition of the problem is vital. If the adolescent con-
inues to perform inadequately despite the support
iven him, the school ends the assignment.

At times, an adolescent asks the school to end the
ssignment, even though the host agency finds his performance satisfactory. Emotional problems may make working difficult for him. However, such requests are infrequent.

This project has made it clear to Edenwald's staff that to give successful work experience to the school's adolescents, good working relations are necessary between the school and the director of volunteers and job supervisors at the host agency. Such relations have been established, based on the premise that, although society must provide job training opportunities for the handicapped, job supervisors in voluntary agencies should not bear unreasonable burdens.

Having one person responsible for liaison with the staffs of the host agencies achieves better working relations than having each caseworker discuss his adolescents, Edenwald School has found. As administrative supervisor of Edenwald School, I have been the liaison person with the staffs of the agencies. I am familiar with each adolescent's case from reports from the caseworkers and from information given in staff conferences. I have come to know the personalities of the people in the host agencies and am attuned to the kinds of problems they can or cannot tolerate.

The jobs in which Edenwald's adolescents have been most successful were in kitchens and dining rooms (washing equipment, peeling potatoes, setting tables, and bussing); physiotherapy departments (wheeling patients to their appointments); recreation departments (serving snacks and running bingo games); pediatric wards and a day-care center (taking part in play groups with children); central supply departments and mail rooms (assisting clerks); offices (working as file clerks and messengers); and laboratories (washing bottles).

Hints of the future

The way the school integrates job performance with complete adjustment in the institution and the treatment plan for each adolescent is best explained by an illustration. David, an infantile boy of 15½, was much preoccupied with his physical ailments, particularly because of facial surgery. He had grandiose fantasies that he was helping the school guard protect the other children and the staff from intruders from the community. He did not want to work on the school grounds because, he claimed, he was too ill. When he found that his allowance was contingent on his working, he reluctantly and with trepidation agreed to become a volunteer.

Because of his skill with numbers and the alphabet and his compulsiveness, the school placed him as a file clerk in the X–ray department of a hospital. Needing to hold on to his fantasies, while working there David thought of himself as helping the physicians save lives. He felt needed and responsible for doing a successful job.

Although grandiose fantasies are still part of his personality, successful employment in the community has increased David's self-esteem and has lessened his need to hold on to hypochondria. His infantile demands on his family have lessened, too. As he began to feel less dependent on his family he could look at the pathology there and see how it fostered his infantile dependency. In time, he was able to leave the institution and to take another step in the community through placement in the group residence program sponsored by the Jewish Child Care Association. He is ready for adult responsibility in the community, and is now taking job training through the New York State Division of Vocational Rehabilitation.

Edenwald's volunteer program has also proved valuable in helping predict whether an adolescent will succeed or fail in certain jobs. For example, Martin has failed in two jobs requiring interpersonal relationships. Sandra has shown outstanding ability in working with children. Alice cannot accept authority. Esther, who was not responding to treatment in the school, showed the first positive aspects of her personality when working on a pediatric ward. George failed at his first job, which was sedentary, because of hyperactivity; in a messenger's job, to which he was next assigned, he discharged his energy through constant movement. But he became disenchanted with his job and gave weak excuses why he should not work. The school psychiatrist recognized a work phobia in him, a characteristic that would probably not have come to light in the institutional setting alone.

Emphasis on work habits

The staff of Edenwald School believes that volunteer job experience can be transferred to future employment and that it may be possible for those who have been trained in kitchen work, say, to use their skill in institutional kitchens and for girls working on pediatric wards to become nurse's aides. However, the school's emphasis is on easing adolescents into the community in which they will eventuall live and work, not on preparing them for jobs. Th school's goal is to inculcate good work habits, not t train for specific jobs.

Grace typifies the adolescent who might not hav become employable without the conditioning to worl provided by her volunteer assignment. Before coming to Edenwald School, Grace had been withdraw and addicted to watching television, always fearfu of involvement with people. Although she continue to be reserved at Edenwald, especially with othe children, she was comfortable. In fact, the school became another haven from the frightening community. On occasional outings with her caseworker, sh "froze."

The staff knew that Grace had to be made les sensitive to the "world" and that just talking abou her fears with her would not resolve them. Wit encouragement, she took a volunteer assignment i a hospital with Alice, a quiet but less fearful gir She became Alice's shadow and rarely talked t adults or other volunteers. However, she performe her duties in a central supply department competently and was liked by her fellow workers. She admitted to her caseworker that she liked her job. Bu panic overtook her 6 months later when Alice left th hospital job to take vocational training. Grace bega complaining about the job and said she wanted t quit. When her caseworker confronted her with he fear of working alone, Grace admitted to this feeling. But with encouragement from the school and th hospital, she kept her job and did well. Finding tha she could work independently of Alice helped he succeed and strengthened her ego. On her own, sh approached the director of volunteers and asked fo reassignment to the pediatric ward, where she ha also done well.

The staff of Edenwald School believes that th volunteer project is an important aspect of th school's program aimed at getting retarded adolescents ready to work in the community. So far, success far outweighs failure. Edenwald's staff credit much of the success to the liaison work between th school and the host agencies and to the intensiv involvement of the volunteer directors and job supervisors with the children. This project represents helpful step in preparing the retarded children an adolescents served by Edenwald School for life an in developing community acceptance of the abilit of retarded persons to hold jobs.

enriching the PRESCHOOL EXPERIENCE OF CHILDREN FROM AGE 3

I. THE PROGRAM

FLEMMIE P. KITTRELL

The significance of the early years of childhood for healthy physical, mental, and social development has long been known. However, n environment conducive to such development has ot been available for large numbers of children in he United States who live in our overcrowded inner ities. Many efforts to change this picture through the rovision of special preschool programs for disadantaged children are now underway. Few, however, ave provided children beginning at age 3 with years of the kinds of learning experience usually rovided middle class children both at home and in ursery school, have worked with parents to help the hildren maintain their progress, and have provided nechanisms for evaluation and followup. Such a rogram was initiated in 1964 at Howard University, Vashington, D.C., as the first phase of a demonstraion and research project to be carried out with the hildren's Bureau, U.S. Department of Health, Eduation, and Welfare.[1] The university provided the ducational services to the children and their parents nd the Children's Bureau conducted the research nd is now supporting the followup program.

The university's part of the project, carried on for years, will be described in this article. It was onducted by the Department of Home Economics, vhich had already had a quarter of a century of xperience in running a nursery school. The program ad two major objectives:

1. To help the children explore a wider environnent, pursue their special interests, develop their otential abilities, and create attitudes toward themelves and others essential to the development of self-respect and the achievement of a responsible role in society. Through such stimulation, it was hoped the children would get the kind of experience they would need to have in their background to get along later in kindergarten and elementary and secondary school.

2. To help the children's parents participate in and contribute to their children's enlarged experience and to widen their own interests and knowledge so that they might make use of the facilities and opportunities available in their neighborhoods and in the larger community.

Altogether 38 children, 15 boys and 23 girls, participated in the nursery school program. All had been born between March 15 and September 15, 1961, and were living near Howard University in crowded neighborhoods populated largely by low-income Negro families. All were free of the handicaps that would prevent a child from progressing normally with other children.

The procedures used for selecting them and the 69 children who were to serve as a comparison group for the research are described in the article on the evaluation following this one. [See page 140.] The birth dates of the children were verified through the District of Columbia Department of Public Health.

The nursery school staff consisted of a director (myself), a head teacher, a "floating" teacher who served as liaison between home and school, three other professionally trained nursery school teachers, a parents' worker, and six teacher's aides whose services were provided by a rotating group of 44 home economics students majoring in child development. In addition, faculty members from other university departments provided services or consultation as needed—a pediatrician from the School of Medicine, a nurse from the School of Nursing, and a psychologist from the Department of Psychology.

A total of 104 students provided some service to the children or their parents during the 2 years the project children attended the nursery school. They included the 44 students from the Department of Home Economics and 60 students from the School of Nursing, who helped conduct health inspections. In addition to fulfilling their assignments, many students volunteered their services for special tasks such as babysitting for a parent after school or on weekends or taking a lonely child for a walk or to the zoo or reading to him on his front steps.

Getting underway

To stimulate the development of a cooperative nursery school team, a 5-day seminar was held for staff members and assigned student aides a week before the opening of the nursery school on October 1, 1964. The discussion was focused on the developmental needs of children and the roles of parents, the nursery school, and other community facilities in meeting them.

Before the nursery school opened, the teachers visited the homes of all the children who were to take part in the program. In interviews with the parents, they learned to recognize the strength in the children's home life, a feature most often apparent in a deep concern for the child's welfare; and they saw some of the handicaps under which the children lived, the most obvious being dilapidated housing and such overcrowding in the home and in the neighborhood that the child had almost no play space inside or out.

Each child visited the nursery school with a parent or older brother or sister twice before admission to the program, once for a pediatric examination and once for a group of psychological tests. During these visits he met the teachers and was served a snack.

The children were admitted to the nursery school a few at a time during a 2-week period. This gave the teachers a chance to get acquainted with them individually from their first day.

In the nursery school, the children were divided into three groups, each of which was assigned its own teacher and its own area of the school as a "home base." Each teacher had two teacher's aides as associates. The floating teacher served wherever needed. The children were regrouped during the second year, but the teachers remained in the same areas.

On the child's first day, the teachers followed a preplanned schedule. Using the toilet, eating, and sleeping and resting were carried out on schedule. Th children ate well and used the toilet without help, bu nearly all showed some hesitancy or resistance in taking off their shoes at naptime. They were not pressed at this point, and some went to bed with their shoes on

Since the children had twice previously visited th nursery school and had become acquainted with th teachers, few of them had difficulty in adjusting t its environment. The most difficult day for the staf came more than a month after the school opened This was the first rainy day since the opening o school and, so, was the first day during which th children could not go to the playground at all. Th children had already become so accustomed to the routine activities that the sudden dropping of an activity that usually allowed them to let off steam resulted in many tears and much difficult behavior.

Usually the children showed signs of stress chiefly when leaving home in the morning, at naptime a school, and in the afternoon when the first busload of children left school for home leaving the others a school.

Routine and curriculum

All the children rode to and from school on a blue-and-white bus with the words *Howard University* standing out clearly on both sides. The children liked the bus ride and they liked the bus driver, a man who had been carefully chosen for the job on the basis of his affectionate disposition and firmness in dealing with children.

The floating teacher, or her aide, always accompanied the children on the bus. She talked to the children's mothers as they put the children on the bus and met them at the end of the day, and in this way became acquainted with problems that might be bothering them. She made notes on these meetings for the other staff members and carried notes from parents to staff members and from staff members to parents.

The nursery school operated from 9 a.m. to 4 p.m. 5 days a week. The children arrived in two busloads the first at 9 a.m. and the other at 10:15 a.m. Each load included children belonging to the different nursery school groups who lived near each other Those who arrived in the first busload left at 3:30 in the afternoon. The others left at 4:15.

As head of the Department of Home Economics, Howard University, Washington, D.C., **Flemmie P. Kittrell** was director of the preschool project for disadvantaged children described here. She also provides consultation to other preschool programs in various parts of the United States. She has done extensive work in child development and nutrition in India, where she was from 1950 to 1951 a Fulbright exchange professor. She received her Ph. D. from Cornell University.

No matter which group the children belonged to, they were provided similar kinds of experience during the day, although not always at the same time. All the children were offered breakfast on arrival; received fruit juice in the middle of the morning, a noon meal, and an afternoon snack; and had a chance to rest or sleep. All participated in outdoor and indoor exploring activities; all took part in group play and did some playing by themselves. Within this framework, the teacher planned the group and individual activities according to the children's readiness and needs.

The curriculum for the children was built by the staff gradually as they observed the children. Each day the teachers set up suggestive situations to invite the children's investigation. Thus, the children learned by the delightful process of discovering. Their senses were stimulated through the use of art materials, dramatic play, music, and rhythm. They were encouraged to ask questions and to express distinctions verbally. The children were also given experience that introduced them to the principles of health and safety and social sensitivity and to a sense of the city around them.

The psychologist's reports on the children helped staff members guide the development of each child individually. In addition to reporting IQ scores, he prepared a paragraph on each child tested that described the child's behavior in the test situation, his response to the test materials, and his ability to solve the problems given to him.

Such reports helped the staff in planning each child's program and in recognizing signs of progress. But the underlying principles of child guidance described by Ethel B. Waring [2]—affection, respect, help, approval—were applied in dealing with each child. According to this theory, only when a child feels secure with his teacher does he seek or appreciate her respect, and only when he knows he has her love and respect can he accept her help or value her approval.

Because so many of the children had had little intellectual stimulation at home, the teachers could take nothing for granted. Some of the children had never been read to or had anyone tell them a story. The teacher had to begin with them as many mothers do with babies—first showing them pictures in a book and naming the items in the pictures—and could only very gradually build up to reading or telling a story.

The thrill for the teachers came when a child showed signs of a new awareness, as when Bobby, astounded to see his blue painting turn to green when he added a dash of yellow, shouted excitedly, "Look what I've done!"; or when a child took pride in a new accomplishment, as when Mary, after watching other children skipping, suddenly began skipping herself and crying, "I can do it too! I can do it too!"; or when a once apathetic child like Toby began asking questions, even if only, "What kind of ice cream is this?"

The teachers made special efforts to use authority without coerciveness to help the children develop a sense of responsibility and fairness. For example, when one child pushed in front of others to get to the playground swing, the teacher took his hand and, leading him from the swing, said, "Let's wait for your turn. Andy and Barbara are ahead of you. Let's watch them, then it will be your turn." She held his hand while they waited and said, when his turn came, "*Now* it is your *turn.*"

As the children found that acceptance of authority usually resulted in benefits for themselves, they seemed to move closer to the teachers' goals—the development of ability to conform in appropriate situations and to be creatively nonconformist in others.

Staff and parents

From the beginning of the project, the staff members knew that the success of their work with the children depended a great deal on the parents. To plan appropriately, they needed to know many of the things the parents could tell them about the children. They also needed the parents' cooperation in getting the children ready for school each day and in being ready to receive them when they were brought home. They needed the parents' permission to take children to a clinic or to have them treated for an illness at school. They needed the parents' help in carrying out activities at the nursery school. At the same time, the parents needed help from the staff in learning, through observation and discussion, about ways of encouraging healthy development in children.

Out of this interdependence, the staff members and parents gradually forged a cooperative team relationship. It began to develop even before the opening of the nursery school at a meeting to which the parents of all the children accepted for admission had been invited. Somebody from each child's family came—if not his mother or father, then an older brother or sister or some other adult relative. Staff members described the program planned for the nursery school and asked the persons at the meeting whether they would like to help with special activities in or for the nursery school and, if so, in what way and when. Everyone expressed interest and did participate in the 2 years that followed.

Things did not always go smoothly, however. When the children first began attending the nursery school, some of the mothers seemed to regard the staff members with mistrust and even hostility. One mother called on the director and threatened to withdraw her child from the nursery school because he had fallen and bruised his leg on his first day at the school. After receiving a polite apology and an explanation, she became, and remained, one of the most cooperative parents in the group, although her child sustained many other falls and bruises in his 2 years at the school.

One of the nursery school teachers tries to get the attention of a little boy distracted by a game in another corner of the room.

The staff members learned that they had to earn the goodwill of the parents and that they had to make it easy for the parents to understand the motives behind their actions. They never visited a child's home without an invitation from his mother or father or without telephoning or sending a note to the parents asking for time to talk over some special problems or to secure needed information. If it seemed that a visit from a staff member would not be welcome, the teacher invited the mother to come to the school, suggesting that she come on the bus with the children and promising to send her back by taxi. The parents usually expressed appreciation for such thoughtfulness.

Parents' activities

During the first year of the project, most of the parents' activities were carried on in meetings either at the school or in the neighborhood during which the parents worked together to make articles for the nursery school such as washcloths and aprons for the children or helped plan special events for the school such as Christmas, Easter, and Family Night parties. Many of the mothers learned to sew during these sessions, and others took pride in helping them learn. The parents' worker attended the meetings, helped the mothers in their work, and stimulated discussions of various aspects of child care—the kind of food a growing child requires, dressing a child for school, how to encourage and answer a child's questions.

At first all meetings were held at the nursery school. The neighborhood meetings grew out of the interest expressed by a mother who was unable to get to the school on meeting nights. Several mothers volunteered to hold meetings in their homes for parents who lived near them and at times most convenient for all concerned. Sometimes two mothers shared the responsibility for serving refreshments. At two of the meetings, fathers helped serve; and to help prepare for one, a teenage daughter stayed home from school to clean house—not a recommended practice, of course, but an incident illustrating the importance the families attached to the meetings.

After a while the parents were encouraged to come to the nursery school individually when they could to help the teachers and to observe their children as they participated in the activities. Many parents became fascinated with activities when watching their child and his teacher through the one-way mirror, and they listened thoughtfully as the parents' worker explained the teacher's actions. When one child became restless, his mother asked, "Why doesn't the teacher hit him?" She was deeply impressed when the teacher calmed the child down by taking him on her lap. While in the nursery school, the parents helped the teachers by reading to the children (even those who had never read to their children before), taking the children out to the playground or for a walk, or helping with special tasks such as painting playground equipment.

During the second year of the project, fewer parent meetings were held, but the parents were encouraged to take a more active part in the work in the nursery school. Parents who were free during the day were asked to help with the children on a scheduled basis each week. Those who were tied down by responsibilities to jobs or who could not make a regular commitment were asked to continue to come whenever they could. During this year, the children were taken frequently on trips off the Howard campus—to see a grocery store, the branch library, or the zoo—and the parents often went along.

The practice of celebrating special events was continued in the second year. The children remembered these events from the year before and looked forward to them with great excitement, especially to Family Night. They kept asking their parents if they would attend, and one eager little girl made a suggestion to the director: "If you send my mother a letter, my father will get a taxi and bring us to the school for Family Night."

Two important parents' projects initiated by the parents themselves suggest the carryover value of their observations in the nursery school. One was the Public Library Project. This grew out of a desire expressed by some of the parents, who had observed the pleasure their children took in books and storytelling in the nursery school, to have children's books to take home over the weekend. As a result, the parents' worker encouraged the parents to take their children on Saturdays to a branch of the public library near the nursery school, and many mothers did so. While the children listened to a children's librarian tell or read stories, their mothers read children's books recommended by the librarian to learn stories to tell their children. For many parents, however, a Saturday trip to the library was difficult or impossible. Therefore, under an arrangement made by the parents' worker with the city librarian, a library service was set up in the nursery school. Each family was allowed to sign out as many as four books for the weekend. The public library supplied the books through the parents' worker and kept them in good repair in spite of the rough handling they often received.

The other outstanding parents' project was the Family Exchange, a clothing, book, and toy pool operated by the parents themselves. This exchange served a need for many of the children in the nursery school. It also gave those parents who could a chance to share with others. Mending clothing from the exchange was often the "doing activity" of a parents' meeting.

THROUGH THEIR EXPERIENCE with these parents, the staff of the nursery school learned that parents from overcrowded city areas have high aspirations for their children. They also learned that such parents have a great deal of pride. Their pride was evident when many expressed resentment at a local television announcer's description of the program as for the "culturally deprived children of a poverty area."

If the Howard University nursery school were to participate in another project of this kind, it would make changes. It would not, for instance, label the project "for culturally deprived children and their parents," and it would not limit the service to children of the Negro poor. It would make a special effort to cross census tract lines to bring about social and racial integration among preschool children and their parents.

---

[1] Department of Health, Education, and Welfare, Children's Bureau: Child welfare research and demonstration grant No. D–185.

[2] Waring, E. B.: Principles of child guidance. Cornell University, Ithaca, N.Y. Bulletin 420. Reprinted 1966.

enriching the PRESCHOOL EXPERIENCE OF CHILDREN FROM AGE 3

II. THE EVALUATION

JEAN C. FUSCHILLO

Would 2 years of participation in a nursery school program before kindergarten affect the intellectual development of children from low-income inner city neighborhoods? To answer this question, the Children's Bureau undertook the evaluation of the Howard University preschool project for disadvantaged children described in the preceding article. This involved planning the procedures for recruiting families to participate in the study and selecting from them two groups of children between 3 and 3½ years of age: one group to be admitted to the nursery school as the "experimental group"; the other, not to be admitted to the nursery school but to be followed for comparison.

The recruitment began early in the summer of 1964 with a door-to-door canvass in densely populated, low-income neighborhoods of four census tracts adjacent to Howard University, in Washington, D.C. About 200 families were found who had children between the ages of 3 and 3½ years. Only children whose parents spoke English and who had no previous nursery school or group-care experience and no gross physical or emotional handicaps were considered.

Nearly all the parents approached expressed a willingness to have their children included in the study even though they were told that all the children would not be admitted to the nursery school. However, as the summer wore on, some families moved out of the area, others failed to keep appointments for their children's physical examinations and psychological tests, and a few entered their children in other preschool programs.

All the children in the experimental group wer drawn from one census tract (selected by a flip of coin) to make their transportation to the nursery school easier, while the children in the comparison group were drawn primarily from the other thre census tracts. Otherwise the selections were made a random. By the opening of the nursery school in October, 38 children (15 boys and 23 girls) had been assigned to the experimental group and 69 children (32 boys and 37 girls) to the comparison group More children were assigned to the comparison group than to the experimental group because more familie who were not receiving the nursery school service were expected to drop out of the study. Because o the population composition in the census tracts involved, all the children in both groups were Negro

Dropping out of the study occurred much less frequently in both groups than the research staff had anticipated. In the 2 years, only two children left the nursery school and only six dropped out of the comparison group. Perhaps the loss was so much smaller than expected because of the close contact maintained by the school staff with the parents of the children in the experimental group and the semiannual meetings between members of the research staff and the parents of the children in the comparison group The high regard of these families for Howard University may also have influenced them to stay with the project.

The staff did not attempt to obtain specific socioeconomic data on the families before selecting them except for recruiting them from low-income neighborhoods. However, the research staff held individua

nterviews with the parents of each child in each
roup during the early part of the first school year
nd followup interviews several times during the rest
f the 2 years. The information obtained from these
nterviews revealed that the families in the experi-
nental and comparison groups were comparable in
uch salient socioeconomic characteristics as annual
ncome—the median family income was about $3,500;
ncome per child—the median was about $800 per
ear (actually an inflated figure since it was obtained
y dividing the family's income by the number of
hildren without allowing for the adults); number
f children in the home—the median was 4; propor-
ion of families receiving public assistance—14 per-
ent of the experimental group and 22 percent of the
omparison; and parents' education—the median for
he "highest grade completed" by the parents was 10.

Over three-fourths of the families in both groups
ad lived in the District of Columbia for 10 years or
nore. About two-thirds of the mothers in both groups
vere living with their husbands at the time of the
tudy. However, the father was the sole support in
ess than 45 percent of the families. In both groups,
bout 25 percent of the mothers worked, usually part
ime or intermittently. Additional sources of income
ncluded public assistance and help from relatives.

Housing conditions in both groups were usually
oor and crowded. The median number of persons per
oom was 3 in the families of the experimental group
nd 2 in the families of the comparison group—
xclusive of bath and kitchen, unless the kitchen was
sed as a sleeping area, as it was in many homes. In
he experimental group, 47 percent of the families
hared a kitchen or bath, or both, with another fam-
ly, as did 24 percent of the families in the comparison
roup.

Socioeconomic levels

Obviously, the families in both groups were at the
ower end of the socioeconomic scale. However, within
ach group, there were distinct socioeconomic differ-
nces. A few families seemed well organized, respon-
sible, and able to maintain a slightly better standard
of living than the others. A few seemed particularly
lisorganized and were living in squalor. The major-
ty seemed to fall somewhere between these two
xtremes.

To determine whether these family differences
ffected the children's ability to benefit from the
nursery school experience, the families in the experimental group were classified as belonging to one of three socioeconomic (SES) levels—all within the low SES stratum—on the basis of both impressionistic judgments and quantitative socioeconomic indicators. Four staff members—two nursery school teachers, the parents' worker, and the senior research worker—rated the families of the children in the nursery school along five dimensions: occupation and income level, education, residence, family competence, and attitudes toward children's schooling. On the basis of these ratings, the staff members then designated one quarter of the families as the high-low SES group, and another quarter as the low-low SES group. The remaining half were designated as the middle-low SES group. In each SES group, the ratio of boys to girls among the nursery school children was about the same, as in the total experimental group.

The impressionistic ratings of the staff were found to be closely associated with the ratings made by the interviewers in relation to 10 of the socioeconomic items on the interview schedules used with the parents: annual family income, income per child, regularity of income, number of children in family, number of persons per room, kitchen or bath shared with another family, judgments of appearance of premises and of quality of housekeeping, telephone in home, and mother's education. The staff members did not become well enough acquainted with the families in the comparison group to gain meaning-

Figure 1

RESULTS OF STANFORD-BINET TESTS
ON THE CHILDREN

Year tested	IQ scores			
	Experimental group		Comparison group	
	Range	Mean	Range	Mean
1964 (October)...	59–113	82.8	61–118	85.5
1965 (June).......	63–119	92.8	57–121	86.3
1966 (June).......	74–122	97.4	56–123	89.5
Gain in 2 years....		*14.6		*4.0

*The difference (10.6) between the experimental group's and the comparison group's gains is significant at the .01 level.

ful impressions of their SES standing. Therefore, to classify the families in the comparison group according to SES level, the interviewers' ratings on these 10 socioeconomic items were added together and the families ranked according to the scores.

In both experimental and comparison groups, the median income of the families classified as high-low SES was about $5,000 as compared with $3,400 and $2,800 for the families in the middle-low and low-low SES groups.

A considerable amount of evidence emerged to suggest that differences in the family's SES standing even among these low-income families had a real effect on the children. For example, differences in SES standing were associated with the children's attendance records—the children from the high-low and middle-low SES groups attended the nursery school more regularly than did the children in the low-low SES group; with the degree of participation by parents in the adult activities program—the higher the SES level, the greater the participation; and with the pattern of IQ increase over the 2-year period, a point to be examined further on.

Test results

The real test of the effectiveness of the nursery school experience will, of course, come when the school performance of the children in the experimental and comparison groups can be compared. All the children entered kindergarten in a Washington public school in September 1966 and the first grade in September 1967. Their progress will be followed for several years by the Social Research Group of George Washington University with support from the Children's Bureau.

However, tests given the children before, during, and after the 2-year nursery school period gave some indications of whether the nursery school experience helped them develop certain kinds of skill that are normally associated with school achievement—language usage, perceptual discrimination, concept formation, sensory-motor coordination, comprehension of verbal directions, memory, and use of numbers. All the children in both groups were tested during the summer of 1964 before the opening of nursery school, at the end of the first year (June 1965), and at the end of the second and final year (June 1966). The Stanford-Binet Intelligence Scale was administered on all three test rounds. The Peabody-Picture Vocabulary Test, portions of the Merrill-Palmer Test, and two subtests from the Illinois Test of Psycholinguistics (the Auditory-Association Tes and the Auditory-Automatic Test) were given a supplements in two of the three test rounds.

A summary of the IQ gains of the experimenta and comparison groups is given in Figure 1.

At the beginning of the project, the mean IQ scor of the children in the experimental group was slightl lower than that of the children in the compariso group. The mean score for the experimental grou increased by 10 points the first year, and 4.6 th second year, for an overall gain of 14.6 points. Thes gains are within the upper range of gains reported i similar studies.[1-4] Among preschool programs fo the disadvantaged, the greatest increases in scores ar usually made in the first year of preschool and th greatest gains are usually made by children whos initial IQ scores are relatively low, in the high 70' or low 80's.

The children in the comparison group made a average gain of four IQ points in the same 2 years No effort had been made to discourage parents in th comparison group from enrolling their children i other preschool programs, but a semiyearly check wa made with them to find out whether any of th children had been so enrolled and if so where. Onl 11 children in the comparison group did have som kind of nursery school experience for longer tha 6 weeks during the 2-year period, most of them i Headstart programs. An analysis of the IQ scores o these 11 children indicated that they did *not* accoun for the increase in the mean score in the compariso group. Thus the small but statistically significan increase in scores of the children in this group re mains unexplained. It may be the result of greate skill in taking tests developed by the children throug practice during three test rounds or a response to th attention received.

Results from other tests showed significant gain by the children in the experimental group and negli gible gains by those in the comparison group. How ever, the two subtests from the Illinois Test of Psy

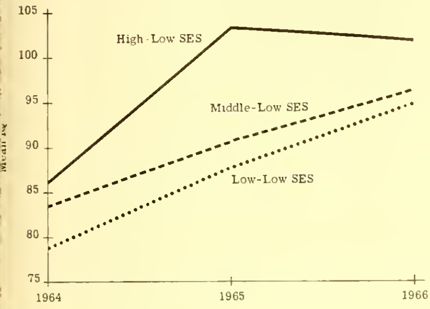
---

Jean C. Fuschillo was until recently a research specialist i the child life studies branch, division of research, Children' Bureau. She has temporarily retired into "housewifery. Before joining the Children's Bureau staff, she worked in th assessment and evaluation division of the Peace Corps, Wasl ington, D.C. She obtained her doctorate in clinical psycholog from Pennsylvania State University in 1963 and interned a the Devereux Schools, Devon, Pa.

Figure 2

PATTERNS OF IQ GAINS IN EXPERIMENTAL GROUP

by socioeconomic status (SES)



cholinguistics indicated that at the end of 2 years of nursery school the children in the experimental group were still over a year below the norm for children of their age in associative language ability, grammar, and syntax. This finding corroborated the impression of teachers and research staff members that the children still had a long way to go to "catch up" with middle class children of their age in ability to express themselves through language. Similar findings from other studies have led to the development of preschool programs that specifically aim at remedying the language deficits of the disadvantaged child.[5]

Patterns of IQ gains

The nursery school children made their greatest gains in IQ scores during the first year of the program—an average 10-point gain, as compared with only a 4.6-gain the second year. However, an analysis of these IQ gains in relation to family SES level shows that in the first year the largest gain was made by the children from the high-low SES families, even though these children had slightly higher IQ scores at the beginning of the study than did the children from the other SES levels. On the average, the scores of these children jumped 17 points the first year of the nursery program. This is over twice the average gain made by children from families in either the middle-low or low-low SES level. However, during the second year of nursery school, the mean IQ of the high-low SES children dropped a point. Children from the middle-low and low-low SES levels made approximately the same gain in 2 years as the children from the high-low SES level had made in 1 year. Children from the low-low SES group gained an average of 9 points the first year and 7 points the second year, while those from the middle-low SES group gained an average of 7 points the first year and 6 points the second year. A visual presentation of these patterns of gain appears in Figure 2.

A similar but less striking pattern of IQ gains was found when they were plotted against "income per child." None of the other nine SES indicators taken alone appeared related to extent or pattern of IQ gains, nor was the pattern of gains associated with the extent of parent participation in the adult program (as crudely measured by the number of group meetings the parents attended and the number of contacts they initiated with the school), the absence or presence of a father in the home, or being in a particular teacher's group. However, there was a positive relation between a child's attendance and the extent of his IQ gain, except for a few children with very high attendance records whose initial IQ scores were slightly higher than average when the project started and who made less than average gains over the 2 years.

These patterns of IQ gains suggest that children from the most deprived homes may need at least a 2-year nursery school experience to get the full benefit of a preschool program, while those from less economically depressed and better organized families may need less. Whether the children from the high-low SES level might have made further gains the second year in a more challenging environment that included children from middle or upper-middle class homes is a question needing investigation.

---

[1] Beller, E. K.: Annual report of research in the Philadelphia experimental nursery school project. Philadelphia Council for Community Advancement, Philadelphia, Pa. 1965. (Mimeographed.)

[2] Gray, S. W.; Klaus, R. A.: An experimental preschool program for culturally deprived children. *Child Development*, December 1965.

[3] Goldstein, L. S.: Evaluation of an enrichment program for socially disadvantaged children. Institute for Human Developmental Studies, Department of Psychiatry, New York Medical College, New York, N.Y. June 1965.

[4] Weikart, D. P.; Kamii, C. K.; Radin, N. L.; Perry preschool project progress report. Ypsilanti Public Schools, Ypsilanti, Mich. June 1964. (Mimeographed.)

[5] Bereiter, Carl; Engelmann, Siegfried: Teaching disadvantaged children in the preschool. Prentice Hall, Inc., Englewood Cliffs, N.J. 1966.

a CAREER DEVELOPMENT PROGRAM in MATERNAL and CHILD HEALTH

HELEN M. WALLACE, M.D.

SAMUEL DOOLEY, M.D.

VICTOR EISNER, M.D.

CONSTANCE FRASER

Recruitment of professional medical workers into the field of public health has always been difficult. Two recent studies of professional medical workers in the field of maternal and child health (MCH) conducted in 1962 [1, 2] indicated that State and local health departments needed to recruit many more young physicians to fill existing full-time positions. Furthermore, the studies showed a need to prepare more physicians in MCH who have clinical medical specialty board certification in either pediatrics or obstetrics. The following are some of the other findings of these studies.

One of the studies conducted in 1962 found that, of the 261 full-time medical positions in State and local MCH and crippled children's (CC) agencies, 52 (or 20 percent) were reported as vacant and that most vacancies had existed for one or more years.[1] The percentage of vacant positions reported probably did not show the extent of need because of the well-known agency practice of eliminating positions that have remained vacant for a long time.

The same study showed that only slightly over half, or 54.1 percent, of the physicians employed full time in MCH and CC services had been certified by a medical specialty board and that another 16.2 percent, although eligible for board certification, had not been certified. The certified group consisted chiefly of pediatricians. Only four full-time physicians (2 percent) were certified by the American Board of Obstetrics and Gynecology.

The second study queried all physicians in the United States who had majored in maternal and child health in any school of public health in this country between 1947 and 1961 [2]—163 in all. Of these, 122 responded to the questionnaire. About 80 percent of the respondents had had clinical training in pediatrics, of whom slightly over half had been certified by the American Board of Pediatrics; and 6 percent had had clinical training in obstetrics and gynecology, of whom slightly less than one-third had been certified by the American Board of Obstetrics and Gynecology.

The mean age of the 122 respondents at the time of admission to a school of public health was 36.4 years. The mean interval between graduation from medical school and admission to a school of public health was 10.6 years; however, for 20 percent, the interval had been 20 or more years.

These facts indicated that only a small proportion of physicians were being recruited into the field of public maternal and child health and that it usually took at least a decade for those who did eventually go into this field to seek public health training. They also showed that a large proportion of those who majored in maternal and child health were never board-certified in either pediatrics or obstetrics. On the basis of these findings, the Conference on Maternal and Child Health Teaching in Graduate Schools of Public Health recommended in 1962 that an MCH career development program for young physicians be established to meet the long-range needs for physicians in the MCH field. This article will describe some aspects of the first program established, the MCH career development program at the University of California School of Public Health, Berkeley. The program is operated in conjunction with four medical schools. Initiated in 1965 with a grant from the Rosenberg-

Foundation, it is now supported with funds from the Children's Bureau.

The program

The first part of the program to get underway was he program for pediatricians. This has three major objectives:

1. To recruit interested medical students, interns, and first-year pediatric residents to the MCH and CC fields.

2. To enable physicians at the outset of their careers to obtain training in public health with a major in MCH combined with training in clinical pediatrics.

3. To recruit interested physicians employed part time in State and local MCH and CC services to full-time employment in the MCH and CC fields and to prepare them (a) to develop and administer MCH and CC programs at local, State, national, or international levels; (b) for teaching positions in medical school pediatric departments or in MCH departments in schools of public health; (c) to conduct research in relation to MCH and CC; (d) for practice in the community aspects of pediatrics through part-time, or full-time, consultant positions with State and local health departments.

The program for recent medical graduates is a 3-year training program, consisting of 2 years of pediatric residency training in a university hospital affiliated with a medical school and 1 year of public health training with a major in maternal and child health in the University of California School of Public Health at Berkeley. The residency training is provided in the departments of pediatrics and the hospitals of four medical schools on the West Coast—the University of California in San Francisco, Stanford University in Palo Alto, the University of Washington in Seattle, and the University of Southern California at Los Angeles—and three other hospitals—Children's Hospital in Oakland and Mount Zion Hospital and the Kaiser Foundation Hospital in San Francisco. The first and third years consist of pediatric residency training. The first year's training is similar to the usual residency training in pediatrics. The pediatric residency training in the third year is designed to further orient the trainee toward the field of maternal and child health and community pediatrics. The manner of accomplishing this varies in the various medical schools and hospitals involved.

The second year of the training program for pediatricians is divided into two parts:

1. A 3-month period after completion of the first year of pediatric residency training and before entrance to the School of Public Health that may be spent in a health department observing and participating in MCH and CC programs; in a department of pediatrics of a medical school, where the training includes some observation of MCH and CC services in the community; in a tax-supported hospital that has some community-oriented health services; or in the School of Public Health participating in a research project.

2. A 9-month period at the School of Public Health as a candidate for the degree of master of public health with an MCH major.

Immediately following the academic year at the School of Public Health, career development students participate in a 2- to 4-week field trip to Puerto Rico. Planned with the help of the MCH faculty of the University of Puerto Rico School of Public Health, this trip is supervised by the professor of MCH there and by a MCH faculty member of the University of California School of Public Health at Berkeley. It emphasizes regional planning and organization of maternal and child health services and the integration of preventive and curative services.

For the past 3 years, the MCH faculty at the University of California School of Public Health has been conducting a semimonthly seminar for all career development students in the Bay area. In the first year, the seminar was focused on the presentation of individual cases of families with multiple problems who required the services of a number of community agencies. Since then, it has been focused on public health principles and methods of delivering care to mothers and children, demonstrated through field visits.

The training plan for the future includes two ad-

Helen M. Wallace, M.D., Samuel Dooley, M.D., Victor Eisner, M.D., and Constance Fraser are all on the faculty of the University of California School of Public Health at Berkeley. Dr. Wallace is a professor in and chairman of the Division of Maternal and Child Health. Dr. Dooley is a clinical professor of maternal and child health. Dr. Eisner is an associate clinical professor of maternal and child health. Miss Fraser is a lecturer in maternal and child health (social work).

ditional steps to broaden the experience of the trainee and to prepare him for employment in the MCH field. One is to assign each career development student a family to follow for 3 years, during which time he will study the community agencies serving the family. The other is to assign each career development student to part-time work in a community program of comprehensive health care for children and young people.

In the planning stages of the training program, the School of Public Health formed an advisory committee to guide the development of broad policy. The functions of this committee are to (1) set broad policy regarding the training program; (2) periodically review and evaluate the program; (3) recommend modifications as experience is gained in the program; and (4) review policies for the selection of trainees. The committee is composed of faculty members from the School of Public Health and the four medical schools and the three other hospitals. In addition to meeting with this committee, the members of the MCH faculty of the School of Public Health meet with the trainees and the faculty member in each medical school responsible for the program to review the individual program of each trainee.

Each of the four medical schools and the three other hospitals has designated a faculty member to be in charge of the career development program and its students for the first and third years of training, that is, the years of pediatric residency. The MCH faculty in the School of Public Health is responsible for the year of public health training. Each trainee's 3-month summer program at the end of the first year is usually planned by the department of pediatrics of the medical school and reviewed by the MCH faculty of the School of Public Health.

The trainees for each of the four medical schools are selected by the medical school's department of pediatrics and by the MCH faculty of the School of Public Health.

In the beginning of the program, the trainees selected were recent medical school graduates who had just completed their internships. More recently, the program has also included an older group of physicians, usually in their thirties, who have had experience in some phase of public health and who wish to receive further training in both pediatrics and public health. Thus far, 10 trainees have completed the career development program, seven of whom came to the program immediately after finishing their internships and three after having had some experience in the public health field. Six of the trainees have been elected to Delta Omega, the honorary society at the School of Public Health, an indication of their caliber.

The program in obstetrics and gynecology has many similarities with the program in pediatrics. It took on its first trainee in 1966 and has since recruited another. It is a 3-year program carried on by the School of Public Health and the University of California Medical School for physicians who have had 2 years of residency training in obstetrics and gynecology.

The plan consists of 2 years of further residency training in obstetrics and gynecology, followed by a final year at the School of Public Health, with a major in MCH and special emphasis on maternal health, including family planning.

A faculty member in maternal health, who holds a joint appointment in both the School of Public Health and the Medical School, is responsible for the trainees.

The results

The faculty of the School of Public Health spends a great deal of time with the trainees assisting them in planning their future employment career.

Five of the seven trainees who completed their training in June 1967 and 1968 are now employed full time in the field of MCH. One is employed as pediatric consultant in a regional center for mentally retarded children. The second is employed in a local health department as assistant health officer in charge of MCH. The third is employed in a preschool program in a local board of education. The fourth is taking an additional year of training in pediatrics and child health and will be assistant director of a comprehensive health care project for preschool and school-age children. The fifth is employed in the department of pediatrics of a medical school. The other two have employment plans.

Thus, to date, the program has been accomplishing its objectives of early recruitment of qualified physicians; provision of combined training in pediatrics, or obstetrics, and maternal and child health; and subsequent employment of the trainees in community agencies serving mothers and children.

---

[1] Wallace, H. M.; Hammersly, M.; Hunt, E. P.; Luten, L.: Physicians in maternal and child health and in crippled children's programs—1962. *American Journal of Public Health*, June 1965.

[2] Wallace, H. M.; Hunt, E. P.: Followup study of MCH trainees in schools of public health. *Public Health Reports*, July 1963.

Denver's welfare department looks into the characteristics of . . .

INJURED CHILDREN and their PARENTS

BETTY JOHNSON ● HAROLD A. MORSE

● The question of how to insure the day-to-day safety of children who have been injured by their parents if they remain at home or are returned to their parents after protective separation s always of major concern to persons responsible for protecting children, including child welfare workers, judges, physicians, and police officers. Before their services can be effective, the persons offering them must know what such children and their parents are like and what their problems are.

In June 1963, the Division of Services for Children and Youth of the Denver (Colo.) Department of Welfare began a study of its work with families in which a child or children had been injured by the parents to determine the characteristics of both.

The study included 101 children known to have been injured: 48 children in the division's caseload at the end of June 1963 and 53 children who were added between July 1963 and November 1964. These children represented 85 families with 268 children (167 of whom were not injured during the study period). The division identified all children in its caseload known to have been injured, without regard to the source of referral or the official action taken. A case was included if the child had been injured or mistreated by a parent or caretaker or if the injury occurred because of negligence. Instances of sexual abuse and malnutrition were excluded, as were cases involving children 14 years of age or over.

Since 1951, the division has participated in a Protective Service Program in cooperation with the Denver Juvenile Court, the Denver Police Department, and the Denver General Hospital. The purpose of the program is to help, not punish, parents who neglect or injure their children. The services the division offers include counseling, shelter care, homemaker service, foster boarding home care, tutoring for children, group care, assistance to parents in learning how to use community resources, and group activities for socially isolated parents.

The study schedule for each child was completed by the child welfare worker responsible for his case on the basis of case records and his knowledge, observations, and judgment. The tabulations and analysis were completed by the Research and Reports Unit of the Department of Welfare, in cooperation with the department's study committee.

The child welfare workers completed several schedules for each child: one for each incident of injury to describe the action taken by official agencies such as the police, the court, and the division; another on each injured child's development and ability to function at the time of the incident; another on his family; and one each for all other children in the family. These schedules provided material for evaluating the family at the time of the incident and at the time the case was closed or at the end of the study in July 1965. Child welfare workers conducted final studies from case records in December 1966.

Outcome, 1966

Of the original 101 children identified as having been injured by their parents or caretakers, 97 were alive and 27 were still receiving services from the division in December 1966. The child welfare workers felt that 19 of the children not being served were inadequately protected. One child was living with his mother awaiting institutional placement, but the cases of the other 18 had been closed and the division had no legal authority over them. In 12 cases, the families had left the State; in six, the families had refused further services.

One of the first matters of concern in a child abuse case is safety for the child in his home. If it appears that the child cannot remain safely in his home, at least temporarily, a dependency petition is filed with the juvenile court. During the study period, the court assigned custody of 45 children to the division: in December 1966, the division still held custody of 10 children. Of them, nine were in foster homes and one was living with his mother awaiting institutional placement.

During the period of service, 79 children were removed from their homes: 63 were removed as soon as the injury became known to the authorities; the others, after further work with the family or later court action. Most (53) were placed in receiving foster homes sponsored by the division; 10, with relatives. Sixty percent of the 79 children were placed at the parents' request and with their consent; the others, by court action. At the end of 1966, 97 children were living with their parents (65), with relatives (7), in foster homes (9), in adoptive homes (10), in group care sponsored by a private agency (3), in group care sponsored by a public agency (1), and in the State's training school for the retarded (2). The likelihood of removal, both temporary and permanent, and of immediate placement after the injury was higher when the mother rather than the father had inflicted the injury.

In a third of the cases, the cause of the injury was first reported as unknown or as having been inflicted by someone outside the family. However, the child welfare workers were usually able to determine who had inflicted the injury because parents or relatives frequently let them know, either directly or tacitly, who was responsible after a relationship of confidence had developed between them. On this basis, the workers decided that the injuries in question were inflicted by these persons: the mother in two-parent families (32), the father (or stepfather) in two-parent families (30), both parents (6), the mother in one-parent families (23), the mother's boyfriend (5), an adoptive parent (3), a brother (1), and an "undetermined" person (1).

Half the children were under 3 years of age at the time of injury; two-thirds were under 6. Almost a third were between 6 and 9. Only one or two were between 10 and 14. The parents on the whole were young; most were between 21 and 30 years old. About 45 percent of the families were Anglo-American; 35 percent, Spanish-American; 21 percent, Negro; and 1 percent, of other racial or national origin. About two-thirds of the families had three or fewer children. About 33 percent had four or more children. Two percent had eight or more.

A fifth of these families were already receiving services from the division because of child neglect at the time the injury was reported. The rest were referred as a direct result of the injury.

Classification of injuries

About two-thirds of the children were severely injured: 67 were seen by physicians, 45 of whom were hospitalized. As we have already mentioned, three were fatally injured and another died from gross neglect. As a result of injury, 11 children were physically impaired, six were mentally impaired, and nine were permanently disfigured. About a third of the children were not severely injured and were not seen by physicians.

Based on medical findings, the injuries were classified as skull fractures (8), subdural hematoma (5), limb fractures (11), wounds or punctures (27), burns or scalds (6), and bruises and welts (68). Some children sustained more than one kind of injury.

The injuring fathers were more likely to have inflicted injuries causing bruises and welts; the injuring mothers, wounds and fractures. In more than half the incidents, injury resulted from slapping, spanking, striking, yanking, throwing, or shoving. In a third, a belt, strap, or stick was the means of attack; in five, a bottle, club, hammer, or knife. Scalding water caused five children's injuries; a burning cigarette or match, another's.

Four of the parents who had inflicted injuries were considered to be psychotic on the basis of physicians' diagnoses made during the course of work with the family. In the opinion of child welfare workers, nine

---

Betty Johnson and **Harold A. Morse** are both with the Denver (Colo.) Department of Welfare. Miss Johnson is supervisor of the Division of Services for Children and Youth, which has responsibility for protective services to children and their families. Mr. Morse is supervisor of the department's Research and Reports Unit.

f the injuring parents were mentally retarded, 36 ere mentally disturbed, and 16 apparently drank to xcess.

The examinations of the 67 children seen by phys- ians indicated that the injuries in question were not e first: about 40 percent had sustained previous in- uries. In these instances, the mother more typically han the father was the injuring person, whether or ot the father was in the home. Twenty children suf- ered subsequent injuries from the same parent uring the study period.

he community's response

Reports to the police of the first injuries came from veral sources: landlords and neighbors (17), the ild's mother (14), the child's father (1), other elatives (5), the Denver General Hospital (9), the olorado General Hospital (1), the public schools 7), staff members of the division (13), a private hysician (1), and a private hospital (1). (Since 963, Colorado has required physicians and hospitals report injuries of children appearing to be non- ccidental to the police department and the division.)

Agents referring incidents to the division included e police (50), Denver General Hospital (13), the ublic schools (6), public assistance workers (5), the ild's mother (6), the father (4), other relatives 5), the child himself (3), and a physician, a private ospital, and a private welfare agency (1 each).

Nearly three-fourths of the referrals to the division ere made within a week after the incident. As the etective of the Juvenile Bureau of the Police De- artment is the liaison officer for protective services ith the department and confers with the intake ild welfare worker at the department daily about lls the police receive, all incidents of injury or eglect reported to the police are referred to the divi- on within 24 hours. Thus, the child welfare worker sually becomes involved in a case at the time of isis for the family.

Twenty-two arrests were made as a result of in- uries to these children: 16 fathers, four mothers, and vo other persons not related to the children. Both arents were arrested in two cases. At the end of e study, two cases were still pending and 11 had een dismissed. Nine parents had been convicted: ree mothers, all of whom had been placed on pro- ation; and five fathers, four of whom had been sen- enced to imprisonment and one placed on probation.

By agreement between the police department and e division, the police file petitions for children removed from their homes because of immediate danger. The division files petitions only after having found through working with the family that court intervention is indicated.

Dependency petitions were filed in the juvenile court in behalf of 83 children. All but nine petitions were sustained. Custody was assigned to the division for 38 children after one hearing and for seven others after additional hearings. In three of these cases, the dependency petition was filed by the staff of the division based on subsequent information, not on the findings of the original investigation.

As a result of the first incident of injury, 63 children were removed from their homes either temporarily or permanently. Of them, 53 were placed by the division in child welfare receiving homes or foster homes and 10 with relatives. Twelve were placed outside the home voluntarily, without court involvement.

The injured children

A finding the division considers significant is that nearly 70 percent of the children had shown physical or developmental deviation before the injury was reported, perhaps caused by parental failure to meet the greater demands of some infants. Regardless of the etiology of the deviation, most of the children were hard to care for. They did not gratify the parents' self-image or were threatening to it because they failed to respond to care, to thrive, and to show normal growth and development. The child most likely to be abused was the one who was overly active or who was the most difficult to supervise and care for. The child welfare workers considered about 20 of the children to have been "uncontrollable" and subject to severe temper tantrums. In their opinion, about 19 were below normal in speech development: about 17 were mentally retarded; about 16 had toilet training problems: about 14 had feeding problems: eight had physical handicaps or deformities; and two suffered from brain damage.

The child welfare workers described the 52 children under 5 years of age as whiny, fussy, listless, chronically crying, restless, demanding, stubborn, resistive, negativistic, unresponsive, pallid, sickly, emaciated, fearful, panicky, unsmiling. They found that about 25 percent were below normal in language development; almost half showed signs of malnutrition, dehydration, arrested development, or failure to thrive; about a fourth of the girls were slow in learning to walk; about a fourth of the children had toilet training problems; about half had been bottle fed in infancy; about a half were born of unwanted pregnancies; and about a fourth had been born out of wedlock. In addition, the workers found, about half the children were not loved by their mothers and about the same proportion were not loved by their fathers.

The children 5 years old and over typically appeared to the child welfare workers as gloomy, unhappy, and depressed. They tended to be selfish and inconsiderate or unassertive and self-sacrificing. They were ingratiating or insincere. The girls tended to be flippant and impertinent. Nearly all the children were either hyperactive or listless, boisterous or silent. Other children usually bullied them, and they had few friends. They seldom took out their frustration through such acts as stealing or vandalism. They appeared to be deceitful, immature, and overly dependent for their ages. They were dissatisfied with home and school. They openly expressed disrespect toward their fathers, more so than most children, and were sullen or ingratiating toward their mothers. About 10 percent of the children were mistreated by their brothers and sisters, but about 20 percent mistreated their brothers and sisters.

Their brothers and sisters

Eleven of the 167 brothers and sisters of the 101 injured children in the study group were injured before the study period. Considering both groups, the older rather than the younger children were more likely to be the ones injured and the middle children, the least likely.

Half the children in both groups were boys, as in the general population. Thirty-six percent of the injured children and 40 percent of the uninjured children were born out of wedlock. But neither the child's sex nor the condition of his birth seemed to affect whether or not he was injured.

The children who had not been injured were generally healthier than those who had. The poor health of the injured children apparently was due in part to parental neglect.

Less than half the injured children showed satisfactory mental and emotional development. The uninjured children fared a little better, but both groups of injured and uninjured children tended to be shy, gloomy, and passive. All the children were generally deprived of parental care and affection. They were generally receiving less care than children in the aid to families with dependent children (AFDC) caseload, according to random samples made by the family service workers using the same schedules and instructions for evaluation.

The parents

The general incompetence of both parents, whether or not they injured their children, was noticeable to a marked degree, the child welfare workers found. They were beset by anxiety, hostility, and depression. They received little constructive support from relatives. They did not immediately trust offers of help and understanding from the child welfare workers, and they expected to be rejected. Their responses to events were inappropriate, impulsive, and excessive. They sometimes reversed roles with their children and sought the love, gratification, and fulfillment in their children they had not known in childhood. Very few enjoyed sound mental health or adequate social adjustment. Those who had inflicted injury were also those who most frequently exhibited anxiety, hostility, or depression. The others were more nearly adequate in mental health, but more than half of them were anxious, hostile, depressed, or lacked self-confidence, and more than a third appeared to be irresponsible or unreliable. A fourth of the fathers, but only a few of the mothers, drank to excess. The mothers more often than the fathers had appropriate social involvement.

The poor economic conditions of the parents matched the gloomy personal picture. Mobility in many families was limited, particularly in those without fathers. But even in two-parent families, only half had automobiles. Most of the families lived in the city's slums. Facilities and furnishings were inadequate for about half. Insufficient income or the misuse of what they had left most of the families in need; only about a third were managing on their income. About a third were receiving public assistance through the program of aid to families with dependent children.

Only about a half of the fathers were working at capacity, and only about a third had full-time employment. About 50 percent did skilled or semi-skilled work; about 30 percent, unskilled work; a few, professional or managerial work; and a few needed protected job placement.

Nearly two-thirds of the parents had not completed high school, though a few had a year or more of college. Some of the mothers could not read, write, or speak English; all of the fathers, however, could. The fathers who had not inflicted injury had the most education; the mothers in homes without fathers, the least.

The majority of the parents—over 70 percent—were going through severe marital conflict, particularly if the father had inflicted the injury.

The reports of the child welfare workers support the contention that parents who injure their children suffered from deprivation and defective parental care in childhood. Based on fragmentary information, almost a third of the parents in this group had been raised outside their own homes.

Poor housekeeping was usual in these families. They usually lived in rented, dilapidated houses, and they changed residences frequently. The patterns of their lives went back to their own parents. Both sets of the children's grandparents lacked education. Frequently, the grandfathers were unskilled laborers, and the grandmothers worked. Some of the grandfathers had drunk to excess, and many had tended to be harsh and strict as parents. Some of the grandmothers had been overprotective. Most were described as immature, impulsive, or self centered.

Family relationships

Interaction in these families was nonverbal except for lashing out in bickering, nagging, or berating. The parents often saw the child more as a burden and a source of irritation than as a source of satisfaction. They saw the child as a person who should love them, not as a person needing help and guidance.

In the opinion of the child welfare workers, the parents who had injured their children were rigid and domineering. The fathers were moralistic about parental authority and discipline and about child care. Both parents tended to expect behavior inappropriate to the child's age and ability. They seldom talked to their children except to lecture, criticize, tease, nag, or ridicule. They expressed the limits of their expectations by spur-of-the-moment outbursts of rage or despair. They often interpreted their children's behavior as "willful naughtiness," and were resentful and unforgiving. They frequently used corporal punishment, but more as an expression of agitation than as purposeful discipline. Many told the child welfare workers that the injury occurred when they tried to discipline the child, and many indicated that the child had antagonized or provoked them and did not love them.

Often, the parent who had injured his child saw himself as the only person in the family with a right to punish. The parent who had not inflicted injury was passive and ineffective in protecting the child from the injuring parent. The father who did not injure his child left all parental duties to the mother and tended to excuse or ignore his children's behavior. The mother who had not injured her child, however, tried to protect them. She was more flexible and reasonable in her expectations than her husband and tended to use rules for protecting and guiding her children. She blamed herself for her children's wrong-doing, and she relied less than the father on corporal punishment as discipline. Although she felt overwhelmed by family problems, she was congenial with her children at times. She tried to reassure, support, and explain matters to them.

The service

The child welfare worker's approach was to offer to help relieve stress and to recognize the parents as persons under overwhelming pressure who, because they had not experienced adequate parental care as children, were unable to love their own children. Through a stable and understanding relationship with the worker, many parents were able to reveal their fear of and dislike for parenthood and their anger toward their children. Some were able to ask to be permanently relieved of child care, not because they were unconcerned about their children, but because they recognized their inability to care for them.

Although the child welfare workers usually saw these families weekly or every other week, they were available daily for emergencies. The average length of time between the opening and the closing of a case was 27 months. Only nine cases were closed in 6 months.

By and large, the parents were evasive and resistant and found it difficult to accept help, perhaps because they were unaccustomed to being listened to and to discussing plans, attitudes, and relationships. Although the resistance to and the dependence on the workers had lessened by the end of the study period, the child welfare workers felt that fully constructive working relationships and full use of departmental services had been achieved with about a third of the parents. The mothers were more responsive than the fathers; the injuring father was the least responsive of all. Though significant improvement in ability to function and in ability to care for children occurred in many families, most were still at a low level of adequacy at the time the service was discontinued or at the end of the study.

Improvements, however, did take place. At the end of the study, the child welfare workers reported that the mental health of a fifth of the injuring parents and that of a fourth of the other parents had apparently improved. But they also reported that about a third of the injuring parents and about a half of the others had adequate mental health. Home care had improved in 18 families; 62 percent of the families were functioning adequately in that respect. But the parents showed little improvement in educational attainment, occupational competency, stability at work, adequacy of housing, or marital adjustment. About 30 percent of the marriages ended in separation or divorce during the study period. The parents separated most often when the father had been the one who inflicted the injury. When the mother had been the parent inflicting the injury, the tendency was for the child to be removed from the home.

Child care had improved in 33 families by the end of the study. About 67 percent of the children were receiving adequate care, including children living with relatives, in foster homes, in group homes, and in adoptive homes, as well as those living with their parents.

The workers felt that about 80 percent of the children were no longer in danger of subsequent injury. However, they considered that 19 children, all living with the parents who had inflicted the injuries represented in the study, were inadequately protected.

The outlook

Programs developing today that are providing opportunities to low-income families for health care, job training, education, and good housing and job opportunities to young people may lessen the stress on parents, the child welfare workers believe. Certainly, the child welfare workers now have much more opportunity to demonstrate concretely to such parents their concern for them as individual persons as well as for their children when they can make a variety of services available when they are needed and wanted.

The incidence of child abuse in Denver may not be great when measured against the city's child population. Of the children studied, 33 were injured within a 12-month period (from July 1963 to June 1964), although the city had 135,000 children under 14 years of age at that time. However, the stud shows that some injured children are in jeopard of further injury unless effective treatment and serv ices are provided by the community.

The following questions are some of those the d vision considers in determining whether a child ca remain in or return to his home:

Has family stress been reduced to a tolerable ex tent?

Is the injuring parent aware of his behavior to th point that he can recognize potentially dangerou situations?

Is the other parent in the home sufficiently awar of what makes for dangerous situations? Can he o she care for the children in a time of stress for th other parent?

Are there other adults—friends or relatives—wh can care for the children much of the day or who ca be called on to help when a parent or parents ar overwhelmed?

Has the child's "provocative" behavior been modi fied? Is he being helped to meet his physical an developmental problems?

Has the relationship between parents and chil welfare worker developed to the point of trust an confidence? Can the parents use the relationship a a brake on their impulsive behavior?

The child welfare workers in reviewing the stud have two basic recommendations to make concern ing help for parents who deliberately injure thei children.

First, the community must sanction a coordinate protective service program that can provide imme diate foster care, counseling, and other child welfar services, medical care, and psychiatric care, and ca bring the authority of the court into play as neede to help the injured child and his family. Second, th child welfare worker must reach out to these parent quickly and effectively to help relieve the majo stress, which may have been created by such condi tions as chronic or acute physical or mental illnes or the child's "provoking" behavior, regardless of th etiology. He and the community must find ways t help families acquire adequate housing, education income, knowledge of money management, and worl skill and sufficient mobility so that they may hav more choice about the way in which they live.

the GROUP PROCESS in ADOPTIVE HOMEFINDING

LOUISE B. DILLOW

Until about 10 years ago, most adoption agencies limited the use of the group method to orientation meetings for prospective adoptive couples. In the last 10 years, however, many agencies have reported with enthusiasm on the use of group meetings for couples during the post-placement period and after legal adoption is complete and for adoptive parents applying for a second or third child. Still another use of the group method in adoption is with prospective adoptive couples during the home study. The two adoption agencies with which I have worked in the last several years—one in Washington, D.C., and one in nearby Montgomery County, Md.—are both using the group method as part of the home study and have found it generally more effective in helping couples prepare for adoption than the individual home study alone.

The first of these is the Lutheran Social Services of the National Capital Area, whose adoption department serves Protestant unmarried parents and their children and adoptive parents in the Washington, D.C., area. Having abandoned group orientation meetings for prospective adoptive parents in 1962, the agency decided in 1966 to try groupwork as part of the home study.

To conduct the first series of preplacement group meetings, the agency invited four couples who had just applied for children to take part. The couples were all middle class, had no natural or adopted children, and had been married from 4 to 7 years. No member had been married before. They were young—30 was the highest age. Four (two husbands and their wives) had college degrees; the other four had graduated from high school. Two of the men were junior military officers; another owned his own business; the other had a responsible position with the Federal Government. Only one wife worked, but not at a career. None had marital or personal problems identifiable during a detailed intake interview conducted by telephone.

In drawing up the contracts with the couples, the agency explained to them that the method of making the adoption home study was experimental and that they might withdraw at any time for an individual home study or the agency might ask them to withdraw if it found that an individual study would serve them better. The couples agreed that no iden-

This article is presented as a companion piece to one in the November–December 1967 issue of CHILDREN, "Helping Adopting Couples Come to Grips With Their New Parental Roles," by Edith M. Chappelear and Joyce E. Fried, which described an agency's experience in holding group discussions with couples who had already had children placed in their homes. In the experiments described here, the group method is brought to bear in an earlier phase of the adoption process, with some similarities and some differences in application and effect.

tifying information would be discussed outside the group. They seemed less concerned about "confidentiality" than the agency's caseworkers. Their attitude seemed to be that they were not going to say anything at the meetings that was personal or incriminating.

To evaluate the groupwork method in adoption home studies, the casework supervisor sat in as an observer and served as the recorder during the first series of meetings. The groupworker was to follow through with the couples as their caseworker. The whole home study was to consist of four weekly group meetings, interviews with persons given as references, and a home visit by the caseworker to each couple.

The agency had each person write an autobiography and complete a medical history and each couple complete an application form and figure out the fee they would pay the agency from the agency's scale.

Discussion not interpretation

In the first meeting, the couples showed their anxiety over coming to an agency for an adopted child in the emphasis they placed on "matching" and on thoroughly exploring the child's background, particularly the health of his family. Taking courage from each other, they were able to express their concern. The groupworker, by accepting the validity of their concern, was able to use the group to help individual members become accepting of and flexible toward children needing adoptive homes. For example, as group members discussed their fear of taking a child with a hereditary disease in his family history, the groupworker asked if any person in the group had relatives as far removed as a grandparent with a hereditary disease or health condition. All nodded. The groupworker then asked them whether hereditary medical problems in their own families would have kept them from having children. "Of course not," most answered spontaneously. As the discussion went on, nearly every member was soon able to put the question of the child's medical background in perspective. Thus a "loaded" but seemingly innocent question brought forth discussion worth more than a long and careful interpretation of medical risks.

At one meeting, several members asked whether the agency made an independent investigation of the child's background because the mother might not be telling the truth. Some thought the agency should verify information on school grades, college degrees, and the IQ's of the parents. Once a member had asked about an investigation, others echoed his doubts about the mother's honesty. The groupworker ha to deal with this matter until it was dissipated.

To do this, she first encouraged a discussion of th practical problems involved in an "investigation." She wondered, she said, how the adoption agenc could get the school to divulge the grades of a forme student. After the group discussed practical aspects the groupworker helped them see that in most case the mother was interested in the welfare of her chil and eager to provide background information. Th adoptive couples were usually surprised to hear tha the biological parents were just as concerned abou the adoptive parents as they were about the biological parents.

Sympathy and understanding

By the end of the second session, some of th couples had begun to sympathize with and to understand parents who give up their children. Mr. B sai that the mother gives up her child "out of love." Hi wife thought a mother might give up her child "s she could return to school." Another thought th mother might not have the money to care for he child. Mr. W said he imagined it was because th mother could not handle the social stigma that out-of-wedlock pregnancy might bring to her and he child.

At the third meeting, the groupworker introduce the subject of infertility by a tactful question: "Hav any of you been asked why you don't have children? The response was immediate and laden with emotion. The men took the lead in the discussion.

Mr. B said, "I'm just as good a man as the next. Mr. T said that as a college student he had maintaine that his idea of a cruel god was one who would no permit him to have children. Mr. B said that befor coming to the group he had thought that he and hi wife were the only couple who had to face the problem of infertility, although they knew several couple with adopted children.

Each woman said that she had a good friend wit whom she could discuss her feelings about not bein able to have children. The men had discussed the subject with their wives and physicians only.

By the last meeting, the group could understand child's curiosity about his biological parents and hi need to satisfy that curiosity without feeling threatened. The couples moved from a safe answer—"if child is secure and loved, he will not wonder abou his biological parents"—to an awareness that al children are curious and concerned about where the came from. Mr. T said emphatically that if he were an adopted child he would certainly find out all he could about his biological parents.

Changes in procedure

The effectiveness of the group method with the first group exceeded the agency's expectations. By the end of the series, each couple had made progress in working through some of the problems of becoming adoptive parents and had extended the range of their acceptance of a specific child. Mr. T seemed to express the changed attitude of the group when he said in the third session that he was "chagrined and ashamed" that he had been asking for a child "better" than one he might have begotten. This success implied to the agency that the group method is a good way to serve couples wanting to adopt children, and it felt a "missionary zeal" to continue using this method of conducting adoptive home studies. In 1966, the same groupworker conducted three more groups. Since then other groupworkers have conducted three other groups for Lutheran Social Services.

Successful though the first series of meetings seemed to be, need for changes in procedure was evident. The most apparent was to have a caseworker other than the groupworker do the casework after the meetings. When the groupworker became the caseworker and visited the four couples in their homes, she became aware that a relationship had not been established between herself and the couples. Even though they had participated easily in the group discussions, the couples were shy and awkward with the groupworker turned caseworker, and she found herself shy and awkward with them. The couples had identified with the agency and the group, but not with her. They spoke only of how much they had learned "from the group" and what "the group meant" to them. The worker was shocked to learn that, having performed a helping role—which was to elicit pertinent questions, encourage honest answers, engage in role playing, and foster group interaction to draw out individual members—the couples saw the help as coming only from the group. (However, the phenomenon of couples not forming a relationship with the groupworker appeared in all the groups.)

A hint of this lack of a relationship between the group members and the groupworker was given in the meetings themselves. In the third meeting, for instance, several couples expressed concern about when the adoption study would begin. They seemed to feel that, although the sessions were giving them an opportunity to learn much about and come to terms with adoption, the groupworker was not getting to know them as people. Actually, the contrary was true. The groupworker, using the group as a backdrop against which to study each person, had come to know them much better than she would have from several individual interviews.

The first groupworker was selected because she met the agency's criteria for the position: she was experienced in adoption casework, was aware of group dynamics, and had the courage and stamina to risk herself in a group. Recognizing that the groupworker and the couples could not establish a lasting relationship, the agency changed procedure. In all groups after the first, one staff member served as the groupworker and another as the caseworker and recorder. The caseworker made all arrangements, handled administrative details, and arranged for individual interviews between meetings as needed. She obtained the autobiographies, interviewed persons given as references, and made the home visits. She became part of the group, and members formed a relationship with her and the agency.

Another surprise to the agency was the absence of competition in the group. There was, instead, a feeling of "pulling for each other." When Mr. and Mrs. M were faced with a transfer to another city before their home study could be completed, other group members whose studies were scheduled before the M's asked that the M's be put ahead of them. But at other times "pulling for each other" caused difficulties—particularly if the group supported a member for the "wrong" reasons.

The opposite extreme

The content of the discussion in the other three group sessions at Lutheran Social Services led by the same worker was often similar to that of the first. Couples were concerned about matching and background and what to tell the children concerning their own parents. But some members of these groups, instead of wanting to know everything they could about the children they might adopt, wanted to know nothing, either because they wanted to deny that the child had a background or feared the background would be unsavory. Mrs. J said: "If we don't know anything, we will not have to lie to the child about his own family."

At one meeting, Mr. M brought up the subject of the health of the child's family. He said adamantly

Louise B. Dillow has been a supervisor in the adoption department of the Montgomery County (Md.) Department of Public Welfare since August 1967. Before that, she was from 1960 to 1966 an adoption caseworker at the Lutheran Social Services in Washington, D.C., and from 1958 to 1959 a caseworker at the Lutheran Children's Aid Society in Cleveland, Ohio. She received her master's degree in social work from Howard University.

that he wanted to have the complete health history of the child's family through the grandparents. When he was unable to accept the worker's objection that the mother might not have such information, she asked him if he knew what his own grandparents had died of. He stuttered, shifted in his chair, and finally said that he did not know the "exact circumstances" but did know they were not "very serious." The other members of the group got the point immediately. Mr. M, perhaps from stubbornness, held out a little longer.

In the group meetings, individual members were free to act out their hostility, and they often did. In one group, for instance, Mrs. L brought up the subject of how to tell her 8-year-old daughter Sue about the baby she and her husband hoped to adopt. Sue knew, Mrs. L said, that her mother could not have "more babies." Mr. L planned to tell Sue that the child would be born in the hospital though not to her. But she was at a loss how to proceed from there.

The groupworker slipped into the role of the 8-year-old girl and asked why the baby's mother would not want to keep it, whether the mother would come to their home to see the baby, and would the daddy be "mad." Mrs. L became flustered and swiveled around in her chair and faced the wall. Mr. L, who before had been insensitive to his wife's feelings and had freely discussed the surgery that made his wife barren, quickly came to her defense. It was all right, he said, for the groupworker to talk about *illegitimacy* and *sex* (the worker had used neither term) because that was her business, but his wife was not accustomed to talking about "things like that." Other group members finally drew Mrs. L back into the discussion by convincing her that the groupworker had only been trying to help her find answers to the questions Sue might ask. They also explained to the worker why they thought Mrs. L had been so uncomfortable. From the incident, the couples learned that they must have answers ready when an adopted or natural child asks questions and how upsetting having to face the issues of adoption can be.

In the group meetings, couples had an opportunity to express their hostility toward the agency without fear of reprisal in the form of being denied a child. They often discussed the "considerable power" of the social worker.

The group discussions had many valuable side effects. The couples talked to their relatives and friends, and husbands and wives talked to each other. One shy couple who did not talk much in the group told their caseworker they often talked far into the night with each other at home about their feelings toward infertility and becoming adoptive parents. After they became able to discuss these subjects with each other, they could also discuss marital problems, something they had found difficult before.

The first four series of group home studies conducted by Lutheran Social Services yielded 12 homes for adoptive children and the expectation of second and third placements in several homes. Fourteen couples were involved, but two were rejected. One couple was rejected after the fourth group session because of severe personal problems discovered during individual contacts and in interviews with persons given as references. The other couple was rejected after the unsoundness of their motivation to adopt came out during the first group meeting. The rejection was handled, as is usual, in an office interview. The group leader told the group at the beginning of the next session that Mr. and Mrs. X would not continue their home study at this time. After a short, awkward silence, Mrs. W said she hoped that she had not said anything to provoke Mrs. X. The groupworker assured the group that no one was responsible for the decision and proceeded to the topic for the evening. This incident did not seem to affect the group adversely. No one ever mentioned the X's again.

No couples withdrew from the group. The agency found that the group home studies did not save its staff members any time but that they did improve the content of the complete studies significantly.

Grouping policies

The second agency, the Montgomery County (Md.) Department of Public Welfare, conducted eight groups involving 34 couples between September 1967 and March 1968. Eleven couples have had home study completed and had children placed. One couple withdrew in favor of a private agency; another, because the wife became pregnant. By mutual consent, one couple withdrew from the group and had an individual study. Twenty other couples are in some stage of the study process.

The agency is still trying out new procedures, ways of grouping couples, and methods of recording. Like Lutheran Social Services, it accepts couples for group meetings only if they are ready to proceed with the home study and have no obvious problems that would keep the agency from accepting them as adoptive parents. Neither agency holds similarity in education or social class as necessary or desirable for grouping. The common element in all groups is the desire to adopt a child. Differences have tended to encourage, not stifle, discussion. In one of the best groups conducted by the county agency, one member had a Ph. D., another was a high school dropout. In another, made up of college graduates only, the discussion was intellectualized and the groupworker was able to elicit little emotional discussion.

As the county agency has a waiting list for adoptive applicants, it has added a third criterion for grouping parents—whether or not they have natural or adopted children. Couples with no children do not receive the same kind or amount of support from couples who have children as from those who do not. In one group in which only one couple did not have a natural child, the childless husband denied that he had ever been asked why he did not have children, although he had been married for 10 years.

Recording problems

Recording at the Montgomery County Department of Public Welfare as well as at the Lutheran Social Services has always been a problem. In all groups, a social worker has served as the recorder. The agency considered using a tape recorder, but ruled against its use as laborious to listen to and time-consuming to transcribe and read. At first, after each meeting, the caseworker summarized what each couple had said and how they had acted, but this method proved repetitive as the recorder often had to repeat what another couple had said to explain a specific response. The most effective method so far has been a modified process-recording with carbon copies underlined according to each couple's participation and filed in case records. The agency has also had the groupworker make a report the day after the meeting and has compared her notes with those of the recording caseworker. The two kinds of reports have not differed significantly.

Experienced adoption caseworkers will recognize that the content in the process just described is essentially the same as that covered in any adoption home study—the couple's feeling concerning their infertility, their attitude toward and feeling of competition with biological parents, sympathy with the child's feelings about his adoption, and their expectation concerning a specific child. Both the Lutheran Social Services and the Montgomery County Department of Public Welfare think this material can be handled more effectively in a group than in individual studies. In addition to learning from the group, couples have shown less anxiety in attending groups than in having individual studies. Members of one group expressed preference for having at least two social workers, groupworkers, and caseworkers involved in the decision of their case. The group method freed the couples to explore and to share with each other their anxiety about becoming adoptive parents. Some of the couples who participated in the home studies conducted by the county agency have asked if they can be brought together as groups again after they receive children to discuss experience and problems.

It is a well-known paradox in our transitional society that extramarital sexual relationships are viewed with more tolerance than extramarital children, that the unmarried mother who surrenders her baby for adoption is considered less of a social problem than the one who keeps her child, that subsequent out-of-wedlock pregnancies are viewed more harshly than the first, and that as more unmarried mothers and their children are on the relief rolls government at various levels seeks to correct the problem by punitive means. That helpless children are severely victimized is generally overlooked.

Gertrude Leyendecker, senior associate, Community Service Society of New York, to the 1968 forum of the National Conference on Social Welfare.

some observations made abroad on . . .

PROGRAMS for DELINQUENT BOYS in THREE EAST EUROPEAN COUNTRIES

A. ALFRED COHEN *Superintendent, Warwick State Training School for Boys, Warwick, N.Y.*

SYRA R. COHEN *Psychologist, Orange County Community College, Middletown, N.Y.*

As a result of New York State's enlightened policy of granting sabbatical leave not only to teachers but also to the superintendents of its State training schools for juvenile delinquents, we spent the last half of 1967 in Europe visiting social agencies and institutions for children and interviewing government officials responsible for dealing with the problem of juvenile delinquency. We were interested in the philosophy, goals, and ideals of the persons in charge of programs dealing with delinquent boys. We made no attempt to evaluate their programs or to compare results. Our aim was to observe programs and to bring back new ideas.

Although we observed programs in eight European countries, we will in this article concentrate on what we found in three "Iron Curtain countries"—Czechoslovakia, Hungary, and Yugoslavia. We spent 2 weeks in each of them. We realized, of course, that 2 weeks is too short a time to get to know any country and that it is naive to think that delinquency can be studied as an isolated social phenomenon without reference to the culture of the people and the history of the country. We also realized that it is impossible to amputate part of a program from one country and graft it onto a program in another. Nevertheless, we found many ideas that might be adapted to the needs and philosophy of treatment here.

Without exception, we were received enthusiastically and hospitably. While nearly exhaustive schedules were planned for us, we were free to add to the institutions on the schedules as we learned about others not included. Everywhere we found professional honesty. We were told what the ideal was, what the reality is, and what was being done to bridge the gap between them.

Effects of culture

The culture of a society is reflected in the nature of delinquency in that society. It also determines the general attitude toward the delinquent child and the kind of care and treatment he receives. For example, in all three of these countries, a child's truancy, incorrigibility, or running away is viewed as the "parents' crime" and not the child's. Such behavior is regarded as evidence that the child's parents are unable to control or train him. Therefore, the state takes over the task of training and charges the parents for doing so. The parents are punished and the child educated.

In these countries, stealing accounts for the bulk of juvenile offenses. Cases of homicide committed by juveniles (persons under 16) are rare. In fact, we were told that violence of any kind is not a major problem, although stealing is sometimes accompanied by assault. However, we learned that definition as well as culture can make a difference, for we were also told that many boys are apprehended because "they get drunk and beat someone up." Since beating up someone is regarded as a natural consequence of drinking, drunkenness and not assault is considered the offense.

All three countries have set a minimum age at which a child can be considered delinquent but have allowed for great flexibility as to the maximum age. A person of 25 might still be held in an institution for juveniles if he seems to be benefiting from the institutional experience or is regarded as not sufficiently developed psychologically to be released. However, the young person who has committed a delinquent act is assumed to be normal; he is not thought of as "sick" or emotionally disturbed, nor is he regarded as bad. His delinquency is regarded as being the result of faulty training. Therefore, the approach to dealing with delinquency is neither medical nor punitive.

Socialization

These countries see the remedy as "socialization"—preparing the child to live in his society, to get along with himself and others, to get along on his job, and to contribute to society. In these countries, programs for delinquents are the responsibility of the Ministry of Education, and they stress rehabilitation through education. Psychotherapy and milieu therapy are among the tools for achieving the goal, but equal importance is given to developing skills for work and for leisure-time activity.

Offenders under 14 or 15 years old in these countries are not generally classified as delinquents. If they need residential care, they are usually placed in institutions for "neglected, dependent, or orphan children" where they ontinue their elementary education.

In one respect, delinquent children in these countries are like ours—they are usually not "academically oriented" and they have had negative experience at school. Therefore, for delinquents who have completed the seven grades of elementary school or who are past the age for compulsory education—14 or 15, depending on the country—the focus of the program is vocational training. A boy is not considered ready to leave the institution to which he has been committed until he has acquired a marketable skill and is prepared to take his place in the labor force. If he is in an "open" institution, he learns the basic tools of a trade in one of the institution's shops. When he has, he is assigned as an apprentice to a factory in the town. He must get there and back on his own. And he must get there on time. He must not only acquire the skill required by the job but must also learn how to get along on the job.

If the delinquent is in a closed institution, the institution shop becomes the factory to which he is apprenticed and where he works on jobs parceled out by community factories.

The institutions allow for little "free time" as we know it. When the young person returns from his job, he spends his time in scheduled activities designed to provide for "self-fulfillment" through creativity—especially through arts and crafts, music, athletics, and flower gardening.

Parent involvement

The first attempt at rehabilitation, however, is in the community. Every attempt is made to keep the child with behavior problems at home and his parents actively involved in his training.

We visited one of the many social welfare centers in Yugoslavia to which parents can go for help or to which teachers can refer children. Each center serves 32 children up to age 18 with a staff consisting of a social worker, two psychologists, a "pedagogue" who works only with children under 15, and a consulting psychiatrist. The child lives at home, attends his community's school, and comes to the center twice a week. He is seen individually and in a group with six others. The parents also come to the center. The staff tries to strengthen communication between parents and child and to help each parent understand his role and assume his responsibilities.

In Yugoslavia, the court can "commit" a delinquent child and his parents to a program of rehabilitation and therapy. If the child requires institutional care, his parents are asked to accompany him to the reception center and participate in his first conference with the social worker. In this conference, the social worker describes the institutional program and its expectations for both the parents and the child. One institution for older, seriously delinquent boys conducts a monthly meeting for parents. After the boys have put on a program for their parents, the parents participate in a group discussion led by the director and attended by the child-care workers.

Placement

In all these countries, the decision to separate a child from his family can only be made by the court. This is, however, the only decision the court makes. Once the decision for institutional care is made, the boy is admitted to the reception center for diagnosis and classification. The courts never commit a child to a particular institution. Institutional assignment is made at the reception center and is based on an intensive assessment of the child's educational level, vocational aptitude and interest, and level of social development.

The evaluation is made by an experienced staff team consisting of a social worker, psychologist, pedagogue, teacher, master craftsman, and, if needed, psychiatrist. The team holds frequent conferences and studies reports on the boy's educational achievement and needs, social history, family life, interpersonal relations, personal habits, and attitude toward work. Although psychologists in these countries are familiar with the psychological and intelligence tests developed in the United States and have adapted and standardized them for their own people, they rely more on the observations of experienced and trained staff members than on tests. In Czechoslovakia, for example, we were told, "We use the IQ when it is high; we don't pay too much attention to it when it is low."

The diagnostic program includes an elaborate vocational exploratory experience, during which time the boy spends several weeks "trying out" the different shops. These are fully equipped with up-to-date machinery and staffed with master craftsmen who are also trained pedagogues. Thus the boy has an opportunity to discover his interest, and the staff, an opportunity to assess his ability and aptitude.

The careful screening makes it possible to place the boy in the institution best suited to his needs.

The pedagogue

In these countries, child care, particularly residential child care, is accepted as a discipline requiring the skill of a specialist. Throughout Europe, this specialist goes by many names—pedagogue, educator, residential child-care worker—but whatever the title, he is a person who has received specialized training after completing secondary school. This training is offered in a special faculty in a university, a department in a school of social work, a division of the ministry of education, or in an independent school of higher education.

In any case, the child-care worker is a trained specialist accepted as an equal by others on the institutional staff. He is concerned with all aspects of child care and development, physical and psychological. His field competence includes an understanding of the physical, intellectual, and emotional growth of children. He is concerned not only with questions of health and learning, but also with problems of relationships, how the child gets along with other children and adults, and whether or not he can assume responsibility.

In Czechoslovakia, Hungary, and Yugoslavia, this child development specialist is called a pedagogue and he may work as a teacher in the elementary or secondary schools or a child-care worker in a day-care center or institution. The time required beyond secondary school to complete training to become a pedagogue varies from 2 years for a kindergarten teacher to 5 years at a university for a secondary school teacher or an institutional worker. The curriculum includes basic education courses, additional courses in psychology and child development, and courses to develop skill in leisure-time activities—singing and music, arts and crafts, puppetry and dramatics.

Training in pedagogy is required for everyone who has any responsibility for a child's training or for making decisions that affect a child and his family—including the police, judges, members of child welfare boards, and the staffs of all institutions and schools. The director of a children's institution is always a pedagogue, and he has on his staff, besides maintenance and domestic employees, other pedagogues (child-care workers), teachers, master craftsmen (also trained in pedagogy), and psychologists.

The institution's team always includes a social worker, who is often also on the staff of a community agency. Primarily concerned with the relationships between the child and his family, he serves as the liaison between the institution and the community.

In Czechoslovakia we were told that because the child in an institution is not living in a normal situation and his problems are more difficult than the average child's, he must have well-trained, understanding adults who can devote close attention to him and his education. This need is recognized in all three countries. The institutions are able to attract experienced and skilled pedagogues by offering them higher salaries than schools and community agencies.

Continuous learning

Research and staff development are vital parts of the programs in these countries. Research is generally a built-in, continuous aspect of the program rather than a "research project" that is supported only for a set time, as is frequently the case in this country.

In Hungary, we visited an experimental school directed by the Psychological Institute. The school serves 800 children from 6 to 18 years of age in a new building equipped for observation, environmental manipulation, and staff training. The studies made provide material for periodic seminars and conferences. All child-care workers in Hungary are required to participate in these sessions as part of continuing professional training.

Child-care workers are also encouraged to participate in international conferences and associations to discuss new ideas and to grow professionally. Consequently, their up-to-date knowledge about the field of child care in various countries made us feel provincial and isolated. We have come home convinced of the need for a much greater exchange of ideas among child-care workers in this country than is now the practice.

Living arrangements

Institutions in these countries are generally small and diversified. In Hungary, for example, classes in elementary schools are large by our standards; they contain about 40 pupils each. However, the living groups in children's institutions are small (10 to 15 young people) and the ratio of staff to students is generally favorable. There are generally three adults in charge of a living unit. Therefore, the capacity of each institution is kept low; the largest holds 220 boys, the smallest 60 or less. The living units are self-contained. Each has its own dining room and recreation area and is staffed with a team of pedagogues responsible only for the boys in the unit. This kind of arrangement could easily be adapted to institutional care in this country.

Staff assignments in the Hungarian institutions are made on the basis of the living unit and not on the total capacity of the institution. Each living unit or cottage has a staff of its own consisting of the chief pedagogue and his assistants (from 1 to 3, depending upon the type of institution and the size of the group). This team is responsible for the social development of the child, for cultivating his recreational and leisure-time interests, and for the administration of the cottage program. It is also responsible for time schedules and the cottage activity program. At least one member of the team is always on duty in the cottage.

Thus the members of the cottage always work together and are all involved with the same boys. The arrangemen eliminates the need for "relief" staffing a persistent cause of staff irritation in institutions in the United States, and the kind of competition that often exists here between the "regular" staff member and his replacement. It also means that, as each child-care worke has fewer boys with whom to work, he can get to know and understand each And it limits the number of adults with whom the boy must learn to get along. Being a consistent group, the cottage team provides the stability tha is necessary for the young person's development.

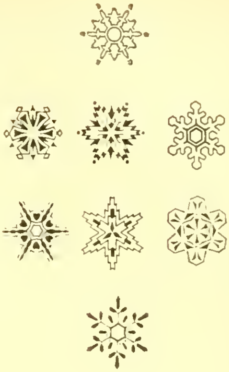
The chief pedagogue is always involved in any decision affecting the boys in his care. He sits on the overall institution committee, but he shares the responsibility with his assistants. Thus he and his assistants have status and a feeling of involvement not generally enjoyed by child-care workers in our institutions.

In the three countries, institutional maintenance is kept separate from the training and education program. Each part of the boy's program is calculated to add to his training and improve his socialization. Therefore, neither the boys nor the cottage pedagogues are expected to spend their training on household chores or building maintenance. Food is centrally prepared for the institution by trained cooks; except for bedrooms, the institution is cleaned by charwomen; and laundry and mending are done by persons hired for these tasks. It is the child's job to learn, the pedagogue's job to teach.

WE FOUND that juvenile delinquency is universal, although who is considered delinquent and what constitutes delinquency differ with the country. We found that in every country we visited the amount of delinquency was increasing and the age of the delinquent was decreasing. We also found that, within the framework of the culture, the causes of delinquency are the same everywhere. When any child's needs are not met, he rebels. Only the form of rebellion differs.

an essay review . . .

a KALEIDOSCOPIC LOOK at DISADVANTAGED CHILDREN



JOHN MEIER

Associate for Program Management, Individual Learning Disabilities
Rocky Mountain Educational Laboratory, Inc., Greeley, Colo.

It would be an oversimplification to identify any single viewpoint or style of presentation as characteristic of the contents of this kaleidoscopic collection of articles written by Martin Deutsch and his associates at the Institute of Developmental Studies, New York University, presented in "The Disadvantaged Child: Studies of the Social Environment and the Learning Process."* In this collection, the reader gets glimpses of the disadvantaged child's multifaceted plight through the eyes of writers with different orientations who advance and depict both theoretical and practical issues from several points of view.

The unifying element here is the instrument through which the theories were generated and tested, namely the Institute. With its support and encouragement, a group of researchers, representing many disciplines, investigated a wide scope of factors affecting children growing up in disadvantaged environments. Certainly Deutsch is to be commended for assembling the researchers and for stimulating the interaction among them that produced many of the early, eloquent pleas for compensatory programs for disadvantaged children.

Most of the articles in this collection had been presented separately in published or mimeographed form between 1960 and 1966. This book has the virtue of pulling their ideas and data together. Unfortunately, since this is a collection of independent articles, each originally meant to stand alone, the case of the disadvantaged child and his characteristics are reiterated *ad nauseam*. I am not suggesting that these characteristics are unimportant or that the writing lacks clarity or cogency; rather, I am suggesting that the characteristics of such children are well known to the persons who would read this book and need not be repeatedly described. In addition, the accomplishments of the Institute are stated and restated almost to the point of losing their impact. By the time I had finished reading the 20 chapters by 10 authors in nearly 400 pages, I was convinced that it all could have been said in half the space. (One concession to brevity is made, however: the tables are printed only once and the chapters dependent on them are cross-referenced.)

Most of the inferences presented here are evidently drawn from data gathered on a core sample of about 300 first- and fifth-grade Negro and white children from deprived and affluent homes who were attending 12 elementary schools in three boroughs of New York City. The data were analyzed in nearly every conceivable way. However, sophisticated analysis in itself does not make research findings credible. Although I assume that the data presented here are accurate, I am aware that several other researchers have had difficulty replicating the studies and obtaining the same clear-cut results on other samples. Perhaps some subtle prophecy-fulfilling phenomena were operating in the sampling, data collecting, analyzing, and interpreting at the Institute. I am not challenging the integrity of the researchers, but I am suggesting the possibility of contamination by experimenter's bias, and I am urging that replicative studies be made.

Race or deprivation?

The results not only yielded findings interesting to persons in many fields, they also provoked the researchers to develop descriptive terms such as the Deprivation Index that should be useful to other researchers.

The Deprivation Index is a quantitative expression for six variables, including housing, the occupational and educational aspirations of the child's parents, the number of children under 18 in the home, the topics of dinner table conversation, the number of cultural activities the child anticipated for the coming weekend, and the child's kindergarten attendance record. The findings revealed that environmental deprivation is far more responsible than race for low intellectual performance. The studies also revealed that some minority races are subjected to greater deprivation in the societal pecking order than other identifiable groups of people, even though environmental deprivation tends to be more highly related to social class than to race.

---

*Deutsch, Martin, and associates: The Disadvantaged Child: Studies of the Social Environment and the Learning Process. Basic Books, New York, N.Y. 1967. 400 pp. $10.

Another descriptor, the Orientation Scale, assesses the child's general information and conceptual understanding on a scale related to vocabulary and verbal IQ. The findings of a study relating the results on the scale to reading achievement indicate that reading is an acquired skill not necessarily related to basic intelligence, provided minimum intellectual ability is present. It appears from the findings that certain kinds of cognitive and verbal experience in the environment are more important than inherent ability in acquiring reading skill.

Such notions as the one embodied in the descriptor called Cumulative Deficit—that disadvantaged children fall further and further behind other children as they grow older—were formulated after analyzing and interpreting numerous findings.

Other significant findings reported include this: children with formal preschool education had significantly higher IQ's than matched first-grade and fifth-grade children who had not had formal preschool education. Of particular importance here, it seems to me, is the finding that the difference in test performance was greater between the fifth-grade children than between the first-grade children—a finding that issues a caution to those who would prematurely write off the effects of preschool experience. Deprivation seems to have a more deleterious effect at later stages of development than at earlier. By corollary, I would argue that, since preschool compensatory experience probably does not manifest its full efficacy until later than the first grade, we need more long-range programs and longitudinal research.

The cohesiveness of the family as determined by the presence of a father in the home was positively related to IQ in all cases reported. The significantly larger number of fatherless Negro homes was directly related to lack of motivation and lower levels of aspiration, especially in the fifth-grade boys. Low intellectual functioning, general deprivation and its consequent low socioeconomic status, language deficits, and family instability were highly related to a negative self-concept. The question of which precedes which seems moot to me; a simultaneous, mutual interaction among them seems to be the most logical explanation.

Contrary to stereotypes and to what previous research on self-concept seems to indicate, the Negro parents involved in these studies had significantly higher (and unfortunately even more unrealistic) occupational and educational aspirations for their children than the comparison group of white parents. Evidently, overwhelming cultural deprivation prevents fulfillment of virtually all such prophecies by Negro parents for their children.

Deutsch introduces the first part of the book, which deals with the social environment of learning, this way:

> *Examination of the literature yields no explanation or justification for any child with an intact brain, and who is not severely disturbed, not to learn all the basic scholastic skills. The failure of such children to learn is the failure of the schools to develop curricula consistent with the environmental experiences of the children and their subsequent initial abilities and disabilities.* . . . a compensatory program for children, starting at three or four years of age, might provide the maximum opportunity for prevention of future disabilities and for remediation of current skill deficiencies. In addition, such a program might serve to minimize the effect of the discontinuity between the home and school environments, thereby enhancing the child's functional adjustment to school requirements.

The five chapters of part two present information regarding the Institute's research on the etiology and remediation or prevention of learning disabilities. The foregoing quotation implies that disadvantaged children may not have a disproportionate amount of brain dysfunction and severe emotional disturbance to account for their poor school performance. Such implications warrant further research. Nevertheless, Deutsch's recommendation for programs to prevent learning disabilities when the disabilities are incipient and most amenable to prevention or remediation seems irrefutable. The studies reported dealing with visual and auditory discrimination, receptive and expressive language, verbal mediation, concept formation, attentional behavior, and other kinds of school readiness skill are well designed, reliably executed, carefully reported, and rigorously interpreted.

Part two should especially please the statistically inclined reader, for it is replete with tables of data. However, some of the studies might have been better analyzed using nonparametric statistics, since it is questionable that all of the assumptions of parametric statistics, especially normal distributions, were met in several instances. Nonetheless, this part supports with hard data the importance of early cognitive stimulation to insure the maximum actualization of both disadvantaged and advantaged children.

Realistic appraisal

Rather than being a pessimistic commentary on the problems of disadvantaged children, this book represents a realistic sociopsychological appraisal of the issues and poses some solutions. Instead of the usual paralysis of analysis that exposes the reader to the grim details of an insurmountable problem, Deutsch and his associates offer recommendations that promise to ameliorate the situation. They present an eloquent case for the modification of the educational system to more nearly meet the needs of society. Whereas Counts entitled a book "Dare the School Build a New Social Order?"[1] Deutsch's penetrating account of disadvantaged children could be legitimately entitled "Dare the School Change to Meet Society's Needs?" He says, for instance:

> . . . There will always be some lag, some segment where the child has not caught up, as long as we have a society that allows discriminatory conditions and, most important, is not actively engaged in giving behavioral reality to its explicit democratic value system. That means an active, intense, frontal struggle for meaningful integration. Further, if the schools are to be successful in their efforts, the first demand must be for the support and enrichment of the school system itself by the community.

Ethnic minorities, whether they be Negro, Spanish-American, Indian, or Jewish, have been promised, and in some cases have found, salvation in education. But faith in the religion of democracy in education demands that all citizens be allowed to worship at the same altar, that educators and behavioral scientists become the high priests in ecumenically establishing and presiding over an integrated and heterogeneous school cult (culture), and that intellectual ghettos be declared anathema.

Part three offers several practical suggestions for ameliorating some of the current difficulties. These include more nearly relevant teacher training for dealing with disadvantaged children, more male teachers to help young children with masculine identification, intensive preschool experience that emphasizes language and other cognitive learning, and ungraded early school sequences. Undoubtedly, such recommendations contributed to the initiation of Project Headstart and to its logical downward extension in the form of "parent and child centers" and its upward extension in the form of Follow Through programs. I find it encouraging to note that the happy coincidence of germinal thinking and applied research, plus an aroused sense of responsibility, in people in society's mainstream prompted the kind of fundamental rethinking of the school's role epitomized in this book.

But I found it discouraging to realize that the road to accomplishing such objectives is beset with pitfalls. As Deutsch says:

> Programs to reverse the effects of deprivation cannot be put together in a day, and people can't be trained in a month to carry them through. This hasty preparation has been a consistent weakness of many programs. . . . The children . . . deserve teachers and administrators who have been extensively trained. . . . Also, programs to raise the horizons of children must not be . . . dominated by public relations needs, or by an urgent requirement to get results. It is necessary for programs to be rigorously evaluated, carefully researched, to be conducted on an interdisciplinary basis . . . and it must be recognized that it is better to get results a year later and for those results to have depth and a temporal stability, than for ephemeral changes to be registered quickly.

An unanswered plea

Ironically, the answer to Deutsch's plea for long-range programs is not exemplified in this book. The data presented, though comprehensive, were largely cross-sectional rather than longitudinal and were evidently gathered in a relatively short time. As an enthusiastic visitor to several of the Institute's preschool programs, as a person who eagerly read the first exciting reports of those programs, and as one of the implementors of similar ideas in another setting, I am disappointed not to find a research report on the later school performance of the children who participated in the Institute's programs. If such results indicate progress in children attending the New York City schools—a system with monstrous problems—they certainly would augur well for similar efforts to be made in less troubled school systems. If the efforts have failed, the community of scholars, educators in particular, and society at large deserve to know how and why.

My impression is that the Institute, after having served as a powerful catalyst to healthy social reaction, has run its innovative course and is now being threatened by institutional rigor mortis. I hope that rejuvenation will take place and that there is still enough raw material at the Institute to maintain the critical mass required to explode more myths and to fuse more dynamic efforts in behalf of disadvantaged children.

In spite of the weaknesses I have noted, this book is one of the best collections available on theory and research regarding the disadvantaged child. Its organization and contents commend it to all active workers in the field as a handy reference as well as an exemplary combination of interdisciplinary insight. Deutsch and his associates may well have set another precedent.

---

[1] Counts, G.: Dare the school build a new social order? John Day & Co., New York. 1963.

---

guides and reports

CHILDREN OF POVERTY—CHILDREN OF AFFLUENCE. Child Study Association of America, 9 East 89th Street, New York, N.Y. 10028. 1967. 65 pp. $2.45.

Carries the proceedings of the 1967 annual conference of the Association.

DIFFERENCES THAT MAKE THE DIFFERENCE: papers presented at a seminar on the implications of cultural differences for corrections, convened in Washington, D.C., January 30–31, 1967. Edited by Roma K. McNickle. Joint Commission on Correctional Manpower and Training, 1522 K Street NW., Washington, D.C. 20005. August 1967. Single copies available from the Commission.

Includes eight papers that discuss social and cultural differences among minority groups in the United States and their implications for correctional programing and for the education, training, recruitment, and use of correctional workers.

IN THE INTEREST OF CHILDREN: a century of progress. Children's Division, The American Humane Association, P.O. Box 1266, Denver, Colo. 80201. 1968. 28 pp. 35 cents.

Reviews the problems and progress made in developing protective services for abused, neglected, and exploited children in the United States and England during the past 100 years and examines prospects in the field.

NEIGHBORHOOD GANGS: a casebook for youth workers. National Federation of Settlements and Neighborhood Centers, 232 Madison Avenue, New York, N.Y. 10016. 1967. 55 pp. $2.50.

Depicts the kinds of problems faced by street workers in their work with neighborhood gangs through incidents described by the workers themselves. Includes questions and comments for use in training workers.

BOOK NOTES

THE SOCIAL ORGANIZATION OF JUVENILE JUSTICE. Aaron V. Cicourel. John Wiley & Sons, New York. 1968. 345 pp. $8.95.

Based on research conducted at the Center of Law and Society, University of California, Berkeley, this book describes practices of police departments, probation officers, and the juvenile courts and purports to show that these agencies actually generate delinquency by the routine practices they use to handle juveniles. Its eight chapters discuss the theoretical issues and methods in studies of delinquency; question the validity of sociological theories based on official statistics; discuss the missing factors in the sociologist's interpretation of official records for research; and describe, with case illustrations, how decisions in law enforcement agencies are made on the basis of "gestures, voice intonation, body motion, dissatisfaction with answers to hypothetical questions, imputations about family organization, imputations about personal character, and so on."

DELINQUENCY PREVENTION: theory and practice. Edited by William E. Amos and Charles F. Wellford. Prentice-Hall, Inc., Englewood Cliffs, N.J. 1967. 254 pp. $6.50.

Everyone wants to prevent juvenile delinquency and many persons are working toward that end, but results are often poor because no way has been developed to mobilize all of society's institutions toward that end, according to the editors of this collection of 13 papers on the prevention of juvenile delinquency. These papers discuss theories of causation and methods of attacking the problem through such social institutions as the schools, youth-serving agencies, recreation services, the courts, and the economic system. In a summary, the editors point out that all the contributors see the problem of delinquency as "multicausal," and so requiring a mobilization of all social institutions to attack its causes; and also that they all maintain that the lead in this attack must be taken by government at its various levels.

In the chapter on basic principles, the author lists the assumptions on which parent group education rests, discusses them, and states their meaning for education. In effect, she says that parents are capable of learning, want to learn, and can learn from each other when the material is of interest to them and that they can respond freely under the right conditions.

THE DEVELOPMENT OF POLITICAL ATTITUDES IN CHILDREN. Robert D. Hess and Judith V. Torney. Adline Publishing Co., Chicago, Ill. 1967. 288 pp. $9.75.

The school stands out as the most important force in shaping the political opinions of children, according to this report on a study of how children form political opinions. But, the authors point out, the school's influence comes more from its stress on compliance with law and authority than from what it teaches. The study was conducted by administering an hour-long questionnaire on politics to 12,000 schoolchildren in grades two through eight in eight cities, both large and middle-sized, in all sections of the Nation and in both middle and lower economic neighborhoods.

The authors found that the child's political development begins with a strong attachment to the Nation. The child sees the United States as ideal and better than other nations; he forms this opinion early and is still holding it in the eighth grade. The authors also found that the child forms his opinions by identifying with authority figures—his father, a policeman, and the President. He sees the government as very powerful but benign and thinks it is good to obey the government as it is good to obey all adult authority.

The authors maintain that middle class families have more influence on shaping opinion than families of lower socioeconomic status; that often the child of lower socioeconomic background receives very little help from his home in understanding political life. They found that the most marked difference between the thinking of children from the two socioeconomic groups "is the tendency for low-status children to feel less efficacious in dealing with the political system than do children from high-status homes."

THE PSYCHOANALYTIC STUDY OF THE CHILD: volume XXII. Ruth S. Eissler, M.D., Anna Freud, Heinz Hartmann, M.D., and Marianne Kris, M.D., managing editors. International Universities Press, New York. 1967. 425 pp. $12.

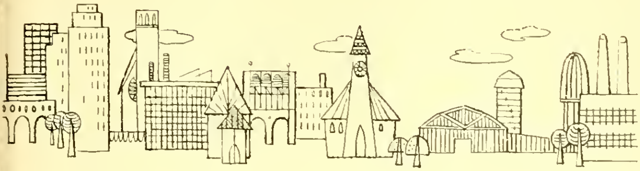
Contributors to the 1967 volume of the annual Psychoanalytic Study of the Child are from England, the Netherlands, and the United States. The 20 papers are divided under four general heads—problems of psychopathology and therapy; psychoanalytic theory; normal and pathological development; and clinical examples. They include papers on losing and being lost by Anna Freud; considerations in the assessment of early infancy by W. Ernest Freud; suitable play occupations for the blind child by Dorothy Burlingham; the meaning of the peek-a-boo game by James A. Kleeman; and the individuation process in adolescence by Peter Blos.

An appendix lists the contents of the previous 21 volumes.

. . . AND A TIME TO DANCE. Norma Canner. Photography by Harriet Klebanoff. Beacon Press, Boston, Mass. 1968. 132 pp. $5.95.

With the help of 125 black-and-white photographs, this book shows how a dance teacher works with mentally retarded preschool children to encourage them to express themselves freely in wordless communication. In the text, the dancer-author points out that creative movement has no right or wrong and so is particularly gratifying to young children. The book concludes with several pages of texts and photographs about a dance workshop for teachers.

HERE and THERE



New CB chief

In early May, President Johnson appointed Pardo Frederick DelliQuadri as chief of the Children's Bureau to succeed Katherine B. Oettinger now deputy assistant secretary for family planning, Department of Health, Education, and Welfare. A social worker with long experience in child welfare services and social work education, Mr. DelliQuadri has worked with local, State, and international agencies. At the time of appointment, he was dean of the University of Hawaii School of Social Work. From 1960 to 1967, he was dean of the Columbia University School of Social Work. Before 1960, he was for 10 years director of the Division of Children and Youth, Wisconsin Department of Public Welfare, and a lecturer at the University of Wisconsin School of Social Work. Since his days at Columbia, he has been U.S. Representative to the United Nations Children's Fund (UNICEF).

Public assistance

In a unanimous decision handed down on June 17, 1968, the Supreme Court of the United States ruled out Alabama's policy of withholding assistance through the aid to families with dependent children program from an otherwise eligible child whose mother maintains an illicit sexual relationship. The Court ruled that the sexual behavior of the mother could not, consistently with the Federal definition of "parent," be used to determine whether her children were eligible for assistance as long as the man in question was not supporting the children and was not legally responsible for their support.

Said the Court, through Chief Justice Earl Warren, "In sum, Congress has determined that immorality and illegitimacy should be dealt with through rehabilitative measures rather than measures that punish dependent children. . . ."

Since Alabama initiated its "man-in-the-house" ruling in 1964, the number of children on its aid to families with dependent children rolls has declined by 16,000. Similar policies of 18 other States and the District of Columbia will be affected by the ruling.

Child health

Variations in the findings of pediatricians, psychologists, and teachers in evaluating the developmental level of individual preschool and kindergarten children have pointed up the usefulness of coordinated medical, psychological, and educational examinations of preschool children and the need to include a standardized neurological test in the medical examination, according to the findings of a study conducted from 1965 through 1967 at the University of Michigan School of Public Health, with a grant from the Children's Bureau. The study was directed by Patricia A. O'Connor, M.D., in association with Ralph M. Gibson and Mary Jane Schwertfeger.

The study involved two groups of children: one, preschool children in Ann Arbor; the other, kindergarten children in Dearborn. Both groups were enrolled in public school programs. The Ann Arbor children were examined by the pediatricians, psychologists, and teachers at the beginning and the end of the school programs.

Pediatricians and psychologists were in general agreement about the children's developmental levels but not about their emotional adjustment. Behavior considered desirable by some examiners indicated emotional problems to others. However, the results of repeated neurological examinations, using a standard form developed by the researchers, were consistent.

The researchers recommend that a standard procedure for administering and recording the findings of neurological examinations be used. Its use will make the identification of neurological problems easier and the responses on the examination will give the physician a basis for estimating developmental levels, they point out.

. . .

Late summer seems to have been the best season for conceiving children in New York City in the years 1962 through 1964. Children conceived in August of those years, whether they were born to white, nonwhite, or Puerto Rican mothers, generally had higher birth weights than those conceived in other seasons. Also, fetal loss was lower when conception had taken place in late summer. The rate of fetal deaths was highest among children conceived in the months from December through May. However, summer was not desirable as the time of conception in all respects. For instance, women who conceived just before vacation or holiday times tended to postpone prenatal care.

These facts were found in a study of the influence of season on conception made by the Health Services Administration, New York City Department of Health, and the Medical and Health Research Association of New York City, Inc., with a grant from the Children's Bureau. Statistics on over half a million single births were included.

The investigators looked into birth weight; duration of gestation; complications of pregnancy; congenital malformations; and fetal, infant, and perinatal losses.

The peak time for conception, the study found, was late in the year. For the white mothers, however, conceptions varied by no more than about 3 percent from the mean over the year. The lowest point was in April. For the two other groups of mothers, the rate dropped sharply in summer.

For deaths of infants at less than 7

days, the variation according to the season of conception was comparatively small. However, for all three groups, early neonatal mortality tended to be above average among conceptions that took place in the first half of the year and those that took place in the last months of the year.

The investigators point out that variation by season of conception existed for conception as such, regardless of ethnic group and type of hospital service, and that, as the seasonal variation in some obstetrical factors is often small when it exists, conclusions are sometimes not possible without further investigation.

Speech therapy

Neither the "traditional" method of treating functional, articulatory disorders in children nor an experimental sensory-motor method proved superior to the other in a 2-year research project conducted from 1965 to 1967 at the Speech and Hearing Clinic at the Pennsylvania State University, by Eugene T. McDonald and Lester F. Aungst, with a grant from the Children's Bureau. However, the investigators found indications that the sensory-motor might be the more effective method to use to familiarize children with the essential characteristics of a sound and to lessen regression after therapy.

The traditional method emphasizes ear training and the use of commercial or teacher-prepared materials in drill; the sensory-motor method emphasizes awareness of patterns of sensation and reinforcement through practice of a child's spontaneous productions of correct sound.

About 450 children in grades 3 through 6 who had normal intelligence and hearing but functional disorders in speech participated in some phase of the study. The first stage involved 108 children divided into three groups: the first received traditional therapy during school year 1965–66; the second, sensory-motor therapy; and the third, no treatment. All were tested for articulative proficiency at the beginning and end of the school year. During the second stage, the following school year, 184 children received sensory-motor treatment by the therapists who had given the traditional treatment in stage I. They included 37 children who had received traditional therapy in stage I who now received sensory-motor treatment from the same therapists and a matched group of 37 children who had received no previous treatment. These children were tested before and after treatment. During the third stage, the articulation of the two subgroups was tested after a summer without treatment.

The findings indicated that some therapists obtained better results from traditional and some from sensory-motor therapy.

From the results, the investigators concluded that two phases of articulatory development might exist: "programing," when the child becomes familiar with the features of correct sound; and "practicing," when he learns to reproduce these features consistently. They also saw indications that when a child reaches a certain level of programing and practicing, a level yet to be determined, his articulation might improve without therapy.

Handicapped children

A high prevalence of preventable, treatable, or rehabilitative physical handicaps—many of which can have an adverse effect on intelligence—exists among children in at least some institutions for the mentally retarded, according to the findings of a study recently completed by the School of Public Health, University of Michigan, with a grant from the Children's Bureau. Under the direction of Donald C. Smith, M.D., an interprofessional research team studied 540 children under 12 years of age at two State institutions for the mentally retarded to determine the characteristics of the children, the kind of medical care they needed, the association of patient characteristics with need for care, and the meaning for planning and organization of care.

Among the findings were these:

- Only 18 percent of the children had no associated handicapping condition.
- About 49 percent of the profoundly retarded children had at least three other handicaps, as did 21 percent of the mildly or moderately retarded.
- More than two-thirds of the children apparently needed at least one consultation with a specialist.
- No comprehensive medical evaluation or treatment plan had been developed for many of the children with additional handicaps.
- Of the more than 600 recommendations for treatment that consultants had made, only 365 were carried out as recommended; alternate care was provided in 30 cases.
- More children who had been residents of the institution for long periods had severe dental problems than those who had only been there for only a short time.

The researchers also found that most children with physical stigmata—such as Mongolism or cerebral palsy—had been admitted earlier to the institutions than other children, regardless of the degree of retardation.

. . .

The Children's Hospital Medical Center in Boston, Mass., recently began a 5-year project to study the effects of congenital heart disease on the motivation and capacity of adolescent cardiac patients to prepare for future employment. The study has been made possible by a grant from the Social and Rehabilitation Service of the Department of Health, Education, and Welfare. Alexander S. Nadas, M.D., chief of the cardiological division of the center and clinical professor of pediatrics at Harvard Medical School, is directing the study along with Alla Zauer, M.D.

Using a sample of adolescents with congenital heart disease in the New England States, the specialists conducting the project will study the psychological and social effects of cardiac disease in early childhood on the adolescent's attitude toward and his capacity for adjusting to social demands; the relation of the severity of the heart disease to intellectual capacity; the incidence of neurosis among adolescents with congenital heart disease; and the effects on the adolescent of the attitude toward him of his friends and family members. They will also look into the availability and use of facilities to prepare adolescent cardiac patients for employment.

Child care

A Federal interagency panel on early childhood programs was established last April to set standards and coordinate all Federal child-care programs. The panel consists of representatives of the Departments of Health, Education, and Welfare (DHEW), Labor, Housing and Urban Development, and Agriculture; and the Office of Economic Opportunity. Agencies within DHEW represented on the panel include the Office of Education, the Health Services and Mental Health Administration, the Social and Rehabilitation Service, the National Institute of Child Health and Human Development, and the National Institute of Mental Health. Jule M. Sugarman, associate chief of the Children's Bureau, is chairman.

One of the first tasks the panel has undertaken is to develop the joint day-care standards required by the 1967 amendments to the Economic Opportunity Act.

Other tasks to be undertaken by the panel include these:

- Coordination of Federal support of programs for the care and development of preschool children.
- Improving technical assistance efforts in this field.
- Relating the Federal research and evaluation programs in this field.

. . .

Without exception, the 40 foster parents (20 couples) who took part in a training course on the foster family held last year by the Wurzweiler School of Social Work, Yeshiva University, said they had benefited from the program, according to a report recently issued by the school. They found that the training course helped them have better relations with their foster children, the foster children's own parents, their agencies, and their own children. They recommended that such a course be offered to all foster parents and that foster parents without children of their own be given a special course. And 34 of the 40 asked for an advanced program for themselves. All couples had been carefully selected by eight public and voluntary child-placement agencies in New York City.

Conducted with a grant from the Children's Bureau, the program set out to improve foster care through a three-part instructional program for foster parents, caseworkers, and supervisors. The training course for the parents was the most ambitious part. Once a week for 12 weeks, the 20 couples attended one of three courses at the university grouped according to the ages of the foster children in their care: under 1 year to 4 years, 4 to 8, and 8 to adulthood. Sessions centered on discussions of practical problems and issues, though each of them began with a brief lecture and closed with a brief summing up by the teacher.

The report points out that the foster fathers were active in the sessions and that the sessions were well attended. The project director recommends that future training courses be held nearer the homes of foster parents because the prestige of having the course given at the university did not outweigh the inconvenience of getting to the campus.

The program for caseworkers took the form of a 3-day institute designed to relate their work to the parents' course. Though the participants reported that they were helped by the sessions, they recommended that in the future such programs be less concentrated in time.

The supervisors attended four meetings before the parents' programs began and sat in on one of each kind of session. The meetings concentrated on the use of educational methods in training foster parents.

readers' exchange

SPECHT et al: *What is professional?*

The casebooks of the neighborhood subprofessional workers in your January-February 1968 issue and the excellent comments on them by Perlman, Meyer, and Abels and Richman were interesting. ["Case Conference on the Neighborhood Subprofessional Worker: I. Excerpts from the Casebooks of Subprofessional Workers. II. Comments.] Harry Specht's defensive rebuttal in the Readers' Exchange section of the March-April issue distressed me by its implications that the four commentators had never before considered the questions raised in the article or that they felt compelled to leap to the defense of the "establishment."

The comments of all four raised the essential point, that social work service of professional quality cannot be given by substituting interest, energy, and overidentification for knowledge and skill. The commentators leaned over backward to assure subprofessional workers that social workers who have "credentials" are greatly interested in how people who lack the professional degree can help deliver services to people. Perhaps they should also have said more directly that the right questions to assess a situation can be formulated only out of appropriate knowledge.

The difficulty is compounded by Mr. Specht's claiming that training has been provided for the neighborhood workers. If these subprofessional workers had had inservice training, seminars, and formal courses, why did they not move beyond their superficial analysis, impulsive action, and overidentification that are so well illustrated in the case of the unmarried mother? Why did the supervisor whom the worker consulted permit all that activity without understanding the problem or dealing with the worker's need for immediate action and perhaps inappropriate, simple solutions?

Mr. Specht apparently does not miss the social work knowledge and skill that might have been used to advantage in this situation. His suggestion that the performance described has every right to be termed professional is discouraging. Why is the distinction between the value of the subprofessional worker's activity and that of the professional worker's contribution ignored? Look at the final sentences of the subprofessional worker's comments: "I believe that my style of handling clients' problems who live in the poor community is the most effective way possible. I'm from the community I serve, I know most of the people, they know me, I know their problems because they are mine also, and I understand the poor people because I am one, and a part of them."

This does not convey the appreciation or comprehension of social work that would be expected of a subprofessional person. It sounds antiprofessional and like the statement of someone who may understand poor *people* without being able to understand a poor *person*.

It is comforting to know that in other neighborhood service programs subprofessional workers are giving services in close working relationships with social workers as colleagues and supervisors. In these places, the social worker is responsible for the relevance and quality of the service given and the subprofessional worker gains understanding of and respect for the professional knowledge and attitude that he relies on to supplement his own perception and client relationships.

Mary R. Baker
Director, Personnel Service
Family Service Association
of America, New York

BROWN AND DOWNS: *Help without branding*

The two articles on "Juvenile Courts and the Gault Decision," by Howard G. Brown and William T. Downs, in the May–June 1968 issue of CHILDREN, succinctly place this decision of the Supreme Court of the United States in historical perspective and identify its implications. I am moved to offer one comment from the experience I am gaining in a year of study in Great Britain and two Scandinavian countries. The Gault case is not merely a milestone in American juvenile court history, it also reflects trends in countries with traditions different from our own.

As the authors indicate, the Supreme Court's insistence on due process at the adjudicatory stage of juvenile court proceedings will affect the scope and conduct of pre- and post-adjudicatory court activities. Since a "due process" hearing will doubtless strain already limited resources (Brown), it is reasonable to look to "more systematic screening procedures during the initial phases" as a way to "reduce the strain" (Downs).

I think it can fairly be said that the report of the President's Commission on Law Enforcement and Administration of Justice ("The Challenge of Crime in a Free Society") anticipated this concern. Considerations of both practice and principle moved the Commission to recommend the use of better screening and better alternatives to juvenile court action. As Mr. Downs suggests, some people may view increased reliance on precourt procedures as a way of avoiding the impact of the decision, yet I am confident that most are fully alert to the danger of improper exercise of authority at these earlier stages. Certainly, the Commission's report, with its insistence on right to counsel at any stage where coercive action is possible, manifests a lively awareness of this danger.

The fact remains, however, that "delinquency" varies—from serious offenses to noncriminal acts. The one constant among the laws of many States and nations is specialized procedures for juveniles. If young people commit misdeeds, many of which are relatively trivial, then the society that suffers from them must differentiate between the minor and the serious and weed out the "novice" from the experienced offender. How to do this and how to help juveniles without permanently branding them as offenders are questions outside the scope of the Gault decision, but rightly compelling to the authors, Brown and Downs. These questions are commanding attention in other countries from which we might find guidance. The recent British White Paper, "Children in Trouble," (Cmnd. 3601, 1968) is but one example.

Margaret K. Rosenheim
Professor, School of
Social Service Administration
University of Chicago
(*on leave of absence in England*)

BURGESS: *Accent on the baby*

We were interested in the article by Linda C. Burgess, "The Unmarried Father in Adoption Planning," [CHILDREN, March–April 1968] because of our agency's experience during the past year in providing casework service to unmarried fathers.

This experience has thoroughly convinced us of the value of not only getting firsthand knowledge of the unmarried father and his background but also of involving him in the planning for his child. However, we go beyond the practice in Mrs. Burgess's agency, the Peirce-Warwick Adoption Service, Washington, D.C., in that we try to involve the boy or man in a casework relationship so that he will accept help for his own problems, too.

Mrs. Burgess's accent on the baby as the primary client is a fresh and welcome point of view. However, we do wonder what other sources are available in Washington to the unmarried mothers who, for various reasons, cannot present an unwed father. We recognize, however, that it takes real conviction as well as study on the part of any agency to decide what the agency can do well and then proceed to do it, limiting as the decision may be.

It does seem a great loss to us who know how difficult it is to get unwed fathers into the office for an agency that succeeds in this not to offer continued casework service to the unmarried father. We are all acutely aware that illegitimacy continues to be one of the most serious social and economic problems in the United States. Therefore, intensive casework with unwed fathers, particularly with those who are teenage boys, would seem to be an imperative. We have found that many of the younger fathers have multiple problems and seem to be in real confusion regarding their part in the pregnancy. The logical place to offer them service is in the same agency where the unmarried mother is receiving service. Otherwise, we have no assurance that they will receive counseling anywhere else.

If Mrs. Burgess's article had stated that by design certain unwed fathers were given casework help with their problems, then the reader would have less of a feeling of disappointment.

However, we think the article makes a real contribution in stressing the point that the baby is the adoption agency's primary client and in pointing out the importance of involving the unwed father in plans for the baby's future.

Helen O'Rourke
Supervisor, Alice Hunt Center
Paul F. Carrier
Caseworker for Unmarried Fathers
Children's Services
Cleveland, Ohio

SEPTEMBER • OCTOBER 1968

children

Educationally Disadvantaged Children

Research on Fatherless Homes

Helping Parents of Deaf Infants

Licensing as a Preventive Service

VOLUME 15 • NUMBER 5 • SEPTEMBER–OCTOBER 1968

children

AN INTERDISCIPLINARY JOURNAL FOR THE PROFESSIONS SERVING CHILDREN

Some Impediments to the Education of Disadvantaged Children 170
Norma Radin

Fatherless Homes—A Review of Research 177
Elizabeth Herzog and Cecelia E. Sudia

Helping Parents To Help Deaf Infants 183
Laura L. Knox and Freeman McConnell

Licensing for Child Care—A Preventive Welfare Service 188
Norris E. Class

Comprehensive Service Programs for School-Age Pregnant Girls 193
Marion Howard

Services for Mentally Retarded Children in Denmark 198
N. E. Bank-Mikkelsen

Myth and Manner in Treating the Disorganized Family 201
Norman A. Polansky

book notes 203

here and there 205

in the journals 208

Building for the future by exercising his creative powers, this young participant in a preschool program is taking a step forward in his intellectual development. Some of the obstacles to intellectual development confronted by many educationally disadvantaged children are discussed in the article beginning on page 170.

children

National Advisers to CHILDREN

David B. Ast, *dentistry*
Edwin M. Gold, *obstetrics*
Herman R. Goldberg, *education*
Beatrice Goodwin, *nursing*
Ira J. Gordon, *psychology*
Robert J. Havighurst, *youth development*
Robert B. Kugel, *pediatrics*
Hylan Lewis, *sociology*
Patricia G. Morisey, *social work*
Sanger B. Powers, *corrections*
R. Gerald Rice, *maternal and child health*
Virginia Richardson, *child welfare*
Albert J. Solnit, *psychiatry*
Walter J. Wadlington III, *law*
Franklin M. Zweig, *community planning*

Children's Bureau Staff Advisers

Will Wolstein, *chairman*
Division of Social Services

Grace M. Angle
Office of the Chief

Dorothy E. Bradbury
Division of Reports

Kenneth S. Carpenter
Division of Juvenile Delinquency Service

Hyman Goldstein
Division of Research

Jane S. Lin-Fu
Division of Health Services

Editorial Staff

Kathryn Close, *Editor*

Mimi Simms, *Associate Editor*

Mary E. Robinson, Willamena Walthour, *Assistants*

● In our industrial society, the educational institution is virtually the only legitimate channel to upward mobility for young people from families of very low socioeconomic status. Literacy and an understanding of the basic mathematical functions are the minimum requirements for any but the most dead-end jobs. Self-restraint, reliability, and punctuality are also expected and the most conclusive proof of their existence to employers is a high school diploma. Thus, if children of the extremely poor are to share in an affluent society's material and symbolical rewards as adults, plans for their future must include a high school education.

The foundation for academic success at high school age is laid by the time the child is 8 or 9 years of age. If the foundation is weak, the edifice constructed upon it will be extremely shaky. The tragedy is that the public school system is often far from effective in laying this foundation in children from families of very low socioeconomic status. I refer here and throughout this article not to families of blue-collar workers such as the man on the automobile assembly line, but to families characterized by chronic unemployment, underemployment, and disorganization—the problem-ridden families who live in dilapidated, overcrowded housing and suffer from poor health, powerlessness, and despair. Even then I do not mean to imply that all such families are alike,

SOME IMPEDIMENTS TO THE EDUCATION OF DISADVANTAGED CHILDREN

NORMA RADIN

nd that none of their children can surmount the educational difficulties presented. I recognize, too, that in the past few years State and Federal funds available to the schools for compensatory education—especially those appropriated under title I of the Elementary and Secondary Education Act—are producing some changes, but it is still too early to determine how effective or pervasive these changes are. However, the statements that follow probably still apply to most of the schools in this country that are n neighborhoods where large numbers of seriously disadvantaged children live.

Many discerning educators and research workers are focusing their efforts on strategies for making school programs more effective generally with the children of such families. These efforts, however, have been directed in many different directions, sometimes producing contradictory results. Rosenthal and Jacobson have found that the teacher's initial expectations about a child's achievement correlate with the child's subsequent achievement.[1] Coleman and associates found that mixing children from middle-ncome families with children from very low socioeconomic backgrounds in school classrooms seems to increase the school performance of the latter.[2] Clark believes that if teachers raise their standards for children of very low socioeconomic status their performance will improve.[3] Cloward found that using children from low socioeconomic backgrounds to tutor younger students of similar backgrounds improves the achievement of both groups.[4] Suppes sees a need for computerized instruction.[5] Bereiter noted 20-point gains in the IQ's of children who were included in a highly structured preschool program focused on language development.[6]

Schafer has found that the structure of the school system pushes children out of the classroom.[7] The Flint (Mich.) school system is trying out community schools as a solution to the problem. Litwak and Meyer suggest that linkages between the school and the child's family are needed. Others attest to the importance of a small pupil-teacher ratio, remedial reading programs, better teacher training, better pay for teachers, and community control of the school.[8]

Where is the pattern in all of these findings and suggestions? Can *an* answer be found to the problem presented by children who are educationally handicapped by the time they enter school? My contention is that there is no *one* answer to the problem. The basis for the schools' ineffectiveness in educating children of very low socioeconomic status is not to be found in any one area or segment of our educational institutions but in a whole complex of factors.

This paper will attempt to delineate some of these factors. They arise from many aspects of our society and from the intrapersonal and interpersonal realms of the child's life, and they can be grouped under four general heads: cultural factors; social organizational factors; primary group or family; and the individual child.

Cultural factors

Five points about our society in general affect our educational system and its relevance to young people growing up in our inner-city slums.

1. Of prime importance is the nature of our technology. As machines become increasingly complex and pervasive, little room remains for the unskilled laborer. Even floor polishers and lawn mowers today necessitate some ability to handle delicate and potentially dangerous machinery. In addition, there is every indication that the trend to mechanization and automation will increase as the use of computers grows and invades more sectors of our economy. Thus, there is little gainful employment available today for the unskilled, the unreliable, or the semiliterate in contrast to the past. Even entry jobs often require high school diplomas as evidence of diligence and a fair degree of competence.

2. Value is placed primarily on instrumental, goal-oriented activities. Although a poet, an artist, or a philosopher is occasionally honored, this happens rarely. Thus children who are artistically gifted but who find academic work dull are likely to run into trouble in the classroom.

3. The "Protestant ethic" of hard work and self-sacrifice, as delineated by Weber,[9] is highly respected while indulgence in sensual pleasure without concern for the future is generally denigrated.

However, in describing a subculture found among people of very low socioeconomic status, Walter Miller [10] has emphasized two aspects that conflict with the value system dominant in our society: (1) the attribution of great value to toughness (endurance, physical prowess, bravery) rather than to cognitive abilities; (2) the belief that luck or fate—not hard work—is responsible for success. While these views have survival value for disadvantaged people, they can prevent a child from adapting to the classroom.

4. The mass media, particularly TV, are ubiquitous, even in the homes of families of very low income. Through such media children of the poor are constantly and vividly reminded of the comforts and luxuries enjoyed by children of more affluent families. As a result they often develop a sense of bitterness, frustration, and self-denigration. The relation between self-rejection and poor academic performance appears to be a close one.[11]

5. The generally racist nature of our society has an additional detrimental effect on Negro children. Clark and Clark have shown that such children absorb at an early age society's view that a black skin is demeaning.[12] The militant civil rights movement may be altering the picture of self-hatred among Negroes, but the effects of the movement on personality development have yet to be researched.

No discussion of the cultural effects on educational achievement is complete without an exposition of the relevant aspects of knowledge and technology that are missing. We do not really know how young children learn. We know very little about the appropriate techniques for fostering the development of the cognitive structure. We know very little about the best way to present new material so that it will be comprehended and integrated into knowledge already absorbed. We do not really know how to help children organize the information they have already accumulated.

We *do* know that some children will learn regardless of how the material is presented; other children, of normal intelligence, will have severe difficulties no matter what we do. Because teachers "teach" is no guarantee that students learn. We also do not know what specific child-rearing practices are related to specific types of behavior. Much research is now being carried on in all these areas, but much remains to be done.

Organizational factors

The school system, the major organization with which the child has contact, affects him as soon as he enrolls in kindergarten. The demands on the child as a student in the typical public school are rather subtle and never clearly spelled out. Usually if the student is to perform adequately, he must display initiative and curiosity in relation to subject matter but be complying and passive in relation to school authorities. He is expected to interact with the other students in a positive fashion, exerting leadership when he can; yet he must never overstep the bounds of approved verbal behavior or become physically aggressive. If he wishes to fight, he must wait until he gets off the school grounds.

In school the child is encouraged to stand up for himself, but verbally not physically. He must follow rules, yet understand how to use his own judgment as to when the rules do not apply. He must accept his teacher as his superior, yet feel free to think for himself and express his own thoughts. He must use language that his teacher considers appropriate for school in sentences she can comprehend. However, at home he is free to talk in any way acceptable to his parents. Thus the child meets with many expectations and restrictions requiring different and seemingly conflicting responses.

In middle-class families, the mother is familiar with the demands made on the child in his role as a student having herself internalized them—that is, made them part of her own expectations of herself—and performed the role adequately herself. Thus she has little difficulty in explaining the complexities of the role to her children. In contrast, in a family of very low socioeconomic status, the mother may never have internalized the demands of the role and may not understand them completely.

One aspect of the student's role is to communicate in a complex language structure, which Bernstein has likened to an elaborate code.[13] The child of very low socioeconomic background may never have learned this means of communication and may use what Bernstein calls a restricted code exclusively. An elaborate code must be attended to carefully, for it transmits a number of particular messages adding up to detailed information. A restricted code fosters in-group cohesion, but it transmits only stereotyped messages that are very familiar to all the members of the group.

According to Bernstein, children from middle-class families can "switch codes," using the restricted code with their friends or members of their family on some occasions and the elaborate code when they want to transmit specific information. The disadvantaged child can use the restricted code only. Thus, when the child from the low-status family enters school, he is unaccustomed to the linguistic code his teacher is using and is unable to comprehend what she is saying—for example, when she is giving a complex set of directions. Even more serious is his inability to communicate his own bewilderment to her.

Storytelling time in a Headstart program. Because some children never have a story told or read to them at home, such practices are part of the compensatory education efforts in programs for preschool, educationally disadvantaged children.

The role of the teacher also creates an obstacle to effective teaching of disadvantaged children. Throughout their training, teachers are taught that the goals of education are not measurable, that teachers are educating the "whole child," and that the degree of their success therefore is not researchable. They are told that the teacher "knows" when she is doing a good job, but no one else can really tell. This orientation has created two difficulties. It prevents the teacher from attempting to delineate her specific goals in operational terms that are measurable on a daily, weekly, or monthly basis rather than in general terms. It also has impeded research in the field of education. Only recently, with the introduction of programmed instruction, have educators begun to analyze the tiny steps that are necessary for children to develop skill in arithmetic, spelling, or reading, or to comprehend the complex concepts presented in geography and science.

The role of the school administrator has similarly impeded effective education of the disadvantaged child. It involves errors of omission as well as commission. A serious omission is that neither the principal, assistant superintendent, nor superintendent is required to form linkages with the community or with the student's parents. The parent-teacher association is the only formal avenue for involving people other than educators in the schools' efforts and generally its structure has become so rigid that its original function of serving as a two-way communication channel between the school and the parents seems unlikely ever to be restored. The errors of commission involve the use of school administrators as building managers, book rental-fee collectors, milk-machine repairmen, and the like, thus cutting into the time and energy they have for serving as curriculum experts and supervisors of the instructional staff. In too many schools, the principal does little to deal with the fact that many children are having severe learning difficulties or that the curriculum is inappropriate for some students.

The usual structure of the school itself interferes with learning in children of low socioeconomic background. Students are taught in large groups of 25 to 35 children, making it impossible for the teacher to attend to their individual needs so that each child can progress at his own pace. They are promoted or retained a full grade except in a few schools that have experimental ungraded programs. Even in these programs, the teachers do not have the training or the material to be able to teach each child at his own level.

Nearly all teachers have tenure rights after a probationary period of a year or two. Removing a teacher once he has tenure is almost impossible. So teachers may remain in the school system who are not sympathetic to children from the slums or who are sympathetic but do not understand either their emotional or cognitive needs.

Interpersonal relations between teacher and student are critical in determining whether progress will occur. Rosenthal has shown that the expectations teachers have of their students affect student performance.[1] Other studies have shown that the student who feels his teacher likes him does better. Other less definitive findings suggest that children of very low socioeconomic background generally need a more firmly controlled classroom than other children because they have not developed the kind of self-discipline required for learning.

Most school systems provide little or no inservice training for teachers to help them understand the behavior and needs of the disadvantaged child. Teachers tend to resist supervision, but even if this were not so there is no time during their working day for participation in a continuing education program, for in the hours they are not teaching, they must plan their work and grade papers. Many teachers also resist working overtime to increase their skill or knowledge. Hence, if inservice training is to be offered, time for it must be made available either by closing school, which is not in the student's interest, or by paying teachers to attend the program afte hours, on weekends, or during the summer. Fev school districts can afford to do this. Other method of inducing teachers to continue their educatior such as offering them higher pay for taking addi tional university courses, do not motivate all teacher and do not direct the teachers to the kinds of course they need most.

Few, if any, school systems have training prc grams built into their structure specifically focuse on how to deal with disadvantaged children an required of all teachers who have such children i their classrooms. Moreover, few teacher trainin institutions offer such courses and even fewer offe student teacher assignments in schools in the cit slums, where many of their graduates will teach.

The teacher's role, like the principal's, is deficien in failing to demand that a linkage be formed witl the students' parents. Most teachers welcome parent to the school when they come for conferences at time designated by the teacher. But they tend to regar parents who do not show up for such conferences a uncooperative no matter what may be preventin them. Teachers today rarely, if ever, visit parents a their homes: they have no time during their regula working hours for making such visits even if the wished to do so. The absence of a two-way channe of communication between teachers and the parent of low socioeconomic status creates two problems the teacher is unaware of the kind of environmen the student lives in and the parents are unaware o what they can do to reinforce and support the child' efforts to learn in class.

The primary group

Of all the influences on the child's educationa achievement, the primary group in the child's life— his family—is perhaps the most critical. It is in th family that the beliefs of a culture are transmitted It is also in the family that the attitudes, skills, an motivation essential for academic achievement ar or are not fostered.

Too often, families of low socioeconomic statu lack role models of successful students for the chil to emulate. But there are more specific difference between most middle-income and very low-incom families that tend to effect differences in their chil dren's school performance. My own research has indi cated that mothers in families of low socioeconomi status often do not foster the development of interna controls in their preschool-age children.[14] They tr

Research coordinator of the preschool program in the Ypsilanti (Mich.) public school system, Norma Radin was recently appointed to the position of lecturer in the School of Social Work at the University of Michigan. Prior to her research work in the Ypsilanti school system, she served as a school social worker. She received her master's degree in social work from the University of Michigan, where she is now working on her doctorate in the university's joint social psychology social work program.

---

to protect their children from the dangers they see in the external world and to suppress the dangers they feel are arising from within the child, such as aggressiveness and sexuality; but they do not prepare their children to cope with problems. For example, they set down specific rules for behavior, but do not explain the reasons for the rules. The child is taught to follow the orders of recognized authority, not to make judgments for himself.

One consequence of this pattern of child rearing may be seen in the classroom among children who are passive in the presence of the teacher and obstreperous when there is no teacher in the room or when they have a substitute teacher whose authority they do not recognize. Even more important are the consequences for cognitive development. The child does not learn to inquire, to doubt, to think for himself.

The importance of cognitive stimulation for future intellectual development is well known. Hunt highlighted this factor in his famous book, "Intelligence and Experience." [15] Children of low socioeconomic backgrounds generally have few intellectually stimulating experiences before entering school and they generally do not have the advantage of the kind of "hidden curriculum" commonly present in middle-class homes. Parents in middle-class families are constantly teaching their children, in the normal course of their family life. Shapes, colors, numbers, names of objects, words on signs are all part of a continuous input of information to the child. Books are read, stories are told, intellectual curiosity is rewarded, and efforts to learn are praised. Thus the mother in the middle-class family incorporates components of the teacher's role in her own functioning as a parent; but the mother of low socioeconomic status tends to confine herself to meeting the child's physical and emotional needs.

Hess and Shipman's work has emphasized another generally differing aspect of parent-child relations in the two socioeconomic groups: [16] the mothers' teaching styles are not the same. Mothers in middle-class families usually try to help a child solve a new problem by first explaining the entire problem and the goals to be achieved. They then respond to the child's specific moves, correcting errors and explaining why they are errors. Mothers of low socioeconomic status tend merely to give the child specific directions without any explanation. Again they rely on specific rules rather than principles.

The physical conditions in most homes in low-income families also impede the children's education. A recent study in which I was involved indicated that the homes of such families are not only far more crowded than those of middle-income families but they also are usually very poorly lighted.[17] Often the TV din is continuous and there is no surface on which to write, making it practically impossible for a child to read or do homework.

The individual child

Hunt [15] and others have found that the developing intellectual ability of the child is not solely the result of constitutional factors but is derived from the interaction of hereditary characteristics with the environment. Piaget postulates that the more learning the child has already assimilated, the more new material he is able to assimilate.[18] Rosenzweig and associates have shown that distinct anatomical differences exist in the cortex of rats raised in a stimulating environment and those raised without access to stimulating "toys." [19] Hence there is reason to believe that raising a child in an unstimulating environment produces a youngster with more limited intellectual ability than he might otherwise have had. According to Bloom, a large fraction of the intelligence of the child is already fixed by the age of 5.[20] He doubts that environmental change beyond that point can raise a child's intellectual ability appreciably.

One characteristic frequently found in preschool children of low socioeconomic status is an inability to engage in social-dramatic play, to pretend that an object is present that is not, or to take on another's role in a reciprocal relationship. This inability to pretend has been found by Smilansky among children in Israel as well as by teachers in compensatory preschool programs in this country.[21] It may be related to the lack of games of pretending between mother and child at home. The ability to imagine situations which do not exist is critical for understanding in reading, geography, history, and many other subjects. Piaget finds it essential for concept formation.[22]

The school problems of children from low-income families, however, are not derived solely from their lack of skills other children develop at home. They also are derived from special skills such children possess that interfere with academic achievement. One is an ability to tune out undesirable words and sounds—a very useful ability in a crowded home but a distinct impediment to learning in the classroom. Another is an ability to express one's emotions in movement rather than words—a source of much of the discipline problem in schools, which are not geared to this mode of expression.

There is some disagreement among researchers as to whether or not motivation to achieve exists at all among many children from the lowest socioeconomic groups. The suggestion has frequently been made that such children *do* want to achieve but in the realm of toughness, physical power, and athletic skill rather than in academic work. But Cohen and associates found that when delinquent boys of low status were offered concrete rewards for academic achievement, their will to learn eventually became internalized.[23] This suggests that a rechanneling of the motivation to achieve can be induced much later than most psychologists once believed possible.

To SUMMARIZE, MANY FACTORS are impeding the effectiveness of schools in educating children from the lowest socioeconomic groups. Some of these factors are societal in nature; some, organizational; some, familial; and some, individual. No one remedy will be sufficient to resolve the problem, nor will an attack on any one aspect of it. What is clearly needed is a massive attack on all the factors involved, along with the opening of new legitimate channels of upward mobility for the few children who even then would be unable to advance educationally. The costs of such a program would be enormous but not so great as the costs of doing without it.

---

[1] Rosenthal, R.; Jacobson, L.: Self-fulfilling prophecies in the classroom. Paper presented at the 1967 meeting of the American Psychological Association, Washington, D.C. (Unpublished.)

[2] Coleman, J. S., et al.: Equality of educational opportunity. U.S. Department of Health, Education, and Welfare, Office of Education Washington, D.C. 1966.

[3] Clark, K.: Dark ghetto. Harper & Row, New York. 1965.

[4] Cloward, R.: Studies in tutoring. *Journal of Experimental Educatio* Fall 1967.

[5] Suppes, P.: Logical and mathematic concept formation in children Paper presented at the 1966 meeting of the American Psychologica Association, New York. (Unpublished.)

[6] Karnes, M.: A research program to determine the effects of variou preschool intervention programs on the development of disadvantage children and the strategic age for such intervention. Paper presented a the 1968 convention of the American Educational Research Association Chicago, Ill. (Unpublished.)

[7] Schafer, W.: Student careers in two public high schools: a comparative cohort analysis. Unpublished doctoral dissertation, The University of Michigan, Ann Arbor. 1965.

[8] Litwak, E.; Meyer, H. J.: A balance theory of coordination between bureaucratic organizations and community primary groups. *Administrative Science Quarterly*, June 1966.

[9] McClelland, D. C.: Achieving society. The Free Press, New York 1967.

[10] Miller, W.: Lower class culture as a generating milieu of gang delinquency. *Journal of Social Issues*, vol. 14, no. 3, 1958.

[11] Group for the Advancement of Psychiatry: Psychiatric aspects o school desegregation. New York. 1957.

[12] Clark, K.; Clark, M.: Racial identification and preference in Negro children. *In* Readings in social psychology. (G. Swanson, T. Newcomb and E. Harley, eds.) Holt, Rinehart and Winston, New York, 1952

[13] Bernstein, B.: A socio-linguistic approach to social learning. *I* Penguin survey of the social sciences. (J. Gould, ed.) Penguin Books Baltimore, Md. 1965.

[14] Radin, N.; Kamii, C.: The child-rearing attitudes of disadvantaged Negro mothers and some educational implications. *Journal of Negro Education*, Spring 1965.

[15] Hunt, J. McV.: Intelligence and experience. Ronald Press Co., New York. 1961.

[16] Hess, R.; Shipman, V.: Early blocks to children's learning. *Children* September–October 1965.

[17] Radin, N.; Weikart, D.: A home teaching program for disadvantaged children. *Journal of Special Education*, Winter 1967.

[18] Piaget, J.: Six études de psychologie. Editions Gonthier, Geneva, Switzerland. 1964.

[19] Rosenzweig, M., et. al.: Cerebral effects of environmental complexity and training effects among adult rats. *Journal of Comparative and Physiological Psychology*, June 1964.

[20] Bloom, B.: Stability and change in human characteristics. John Wiley & Sons, New York. 1964.

[21] Smilansky, S.: Promotion of preschool "culturally deprived" children through "dramatic play." Paper presented at the 1965 meeting of the American Orthopsychiatric Association, New York. (Unpublished.)

[22] Piaget, J.: The construction of reality in the child. Basic Books, New York. 1954.

[23] Cohen, H., et al.: Case I: an initial study of contingencies applicable to special education. Educational Facility Press, New York. 1967.

FATHERLESS HOMES

a review of research

ELIZABETH HERZOG ● CECELIA E. SUDIA

● Over six million children in the United States today are growing up in fatherless homes. People are making many adverse generalizations about these children—generalizations concerning problem behavior, intellectual ability and achievement, and emotional adjustment. To find out whether these generalizations are supported by evidence, we have reviewed research on children growing up in homes from which the father is absent.

Let it be clear at the outset that, other things being equal, we believe a two-parent home is more likely to be better for a child than a one-parent home. However, our review is not concerned with such a comparison, but merely with the effects on children of growing up in fatherless homes.

The report is not yet complete, but it is far enough along to provide some tentative findings and some firm impressions, based on review of almost 400 studies. Our primary list is limited to studies that are focused directly on the effects on children of growing up in fatherless homes, plus a few that include such a focus as part of a broader inquiry. This primary list, which we call our "core group," includes 59 studies. We tried especially to cover studies that were conducted during the last two decades, in addition to a few outstanding studies from earlier years. We did not try to cover the countless studies that include the category "broken home" as a trait used in describing a sample. Our effort, rather, was to achieve a representative sample of such studies for comparisons. Further, we limited our inquiry to homes in which the absent parent was the father, since such homes make up by far the majority of broken homes and since fatherless homes cannot be equated with motherless homes.

A systematic review of research in a given subject area means that the findings of other investigators become the raw data of the review. Although our analysis has not been primarily quantitative, we did undertake to make a rough and superficial count of the conclusions offered by the studies in our core group: how many reported adverse effects associated with fatherless homes, how many reported no adverse effects; and in each group, how many studies appeared reasonably sound in method, how many exhibited research defects too gross to permit serious consideration, and how many lay in the dubious territory between these extremes. Obviously, our classifications regarding soundness were subjective. However, each represented a conference judgment, and we accepted the author's word in classifying conclusions. We think that most serious researchers would probably agree to our extreme groups. There would probably be disagreement about studies in the dubious group, which we coded, quite literally, with a question mark.

For convenience, we refer to the studies that report

Based on a paper given at the annual forum of the National Conference on Social Welfare, San Francisco, Calif., May 26–31, 1968.

adverse traits or behavior associated with absence of a father as upholding the "classic" view, and to the others as challenging the classic view.

Our rough overall count, in effect, allowed each study to cast one vote "for" or "against" indicting the fatherless home as inflicting on its children adverse effects of some specified kind. The purpose was merely to document direction and degree of consensus without necessarily assuming that the results would prove one view right and another wrong.

Among the core group investigating the effects of continuing absence of the father, 29 studies support the classic view that fatherless homes are associated with adverse characteristics or behavior in the child; 17 challenge this position; and 13 report mixed conclusions.

Of the 29 reporting adverse effects, seven were rated as reasonably sound in method. Of the 17 challenging the classic view, seven were rated as reasonably sound.

The count cannot be taken too seriously because aspects investigated and conclusions reached were so varied and so fragmentary. Most studies of fatherless homes look at only one area, or, typically, only a few slivers of information within one area. It is interesting, however, that in the overall count the "classic" view wins handily, but among the studies rated acceptable in method, the rough score is a tie: seven for and seven against the classic view. The acceptable group comprises a larger proportion of those challenging than of those supporting the classic view.

Since juvenile delinquency is one of the adverse effects most often ascribed to broken homes, we made a separate count of those core studies that mention juvenile delinquency plus some other studies of delinquency not included in the core group. We found that seven studies upheld the classic view with regard to juvenile delinquency, although five of these did so with strong qualifications or reservations; of these, four were rated reasonably sound in method. Six studies opposed the classic view; of these, only one was rated reasonably sound.

The qualifications and reservations associated with the classic view had to do largely with confounding factors. Some investigators who found delinquent behavior significantly correlated with fatherless homes distrusted their own findings because of accumulated evidence that apprehension and treatment of juveniles are influenced by the fact of a broken home: or that the proportion of broken homes is high among low-income Negroes, who are more likely than others to be apprehended and, once apprehended, a
more likely to be institutionalized—an experien
tending to promote recidivism.

All in all, the consensus concerning delinquenc
leans toward the classic view if one takes no accou
of adequacy of method, and also if one does; but t
classic view in this consensus is strongly qualified b
suspicions of confounding factors.

Temporary father absence

Some of the studies cited as evidence of the adverse effects of fatherless homes are studies of *temporary* father absence. One of those most often cite
is a Norwegian study [1] of father absence that wa
not only temporary, but also socially approved. Th
fathers were naval officers who were often away fo
2 years at a time. The families were rural, whit
upper-middle class, strait-laced Protestant. Thi
Norwegian study is a careful study, with carefull
qualified conclusions. But, as often happens, the investigators' qualifications evaporate when it is cite
by others. Eloquent pleas have been made for rescuing the boys of Harlem from the adverse effects o
fatherless homes "proved" by the Norwegian study
But there is a question about applying findings o
this study to Negro boys in our urban ghettos. Th
question is underscored by the findings of other studies of the effects of a father's planned, temporary
socially approved absence (especially absence fo
military duty). Some of these studies, also carefully
planned and executed, conclude that the chief problems were precipitated by the father's return rathe
than by his absence.[2]

The children in the Norwegian study were abou
9 years old. Some studies of college men whos
fathers had been away temporarily when they wer
growing up show systematic differences betwee
these men and the controls, college men whose father
were present throughout their childhood. On the othe
hand, at least one study shows differences in earl
childhood that seem to disappear later.[3] In anothe
study, the investigator concluded that children i
fatherless homes may merely take longer than children in two-parent homes to develop some characteristics, and suggested that they are more dependent than other children on peers for learning certain kinds of behavior.[4] Obviously, the age at which separation from the father occurs is important, and so is the age at which the child is studied.

Study findings are hardly needed to demonstrate that temporary father absence cannot be equated with continuing father absence; or that planned and socially approved absence cannot be equated with socially disapproved absence. Studies that control for type of father absence—and many do—consistently report differences between children whose fathers are dead and those whose parents are divorced or separated. The differences are not always n the same direction. On the whole, however, ascribed effects of the father's absence are more marked in children whose parents are divorced or separated than in children whose fathers are dead. That is, adverse effects are reported to be stronger when the cause of fatherlessness is viewed with social disfavor. In line with this generalization, some studies of families broken by divorce report more adverse effects on children in Catholic and Jewish than in Protestant families [5] and in middle-income white families than in low-income Negro families.[6]

The picture does not become more clearcut when studies of temporary father absence are separated from studies of continuing father absence. The general pattern of findings remains the same though the numbers in each group are smaller. More studies do than do not report adverse effects associated with temporary father absence; but when the count is limited to studies rated free of gross defect in method, the number in each group is the same.

We are deliberately bypassing a number of highly relevant research points, such as sample selection, presence or absence of controls, effectiveness of controls, especially for socioeconomic status, and, above all, type of father absence. We have counted at least seven types of father absence, variously defined and varyingly compared, in the studies reviewed, and these do not exhaust the variations found in real life. The different types of father absence cannot be equated, nor do they form an orderly continuum.

In many instances, it is difficult to compare the studies because they do not use the same definition of "broken home," the term most commonly used. For example, some investigators include any "ever-broken" home in the broken home group, while others exclude reconstituted homes. Thus, children with a stepparent are sometimes in the "broken" and sometimes in the "intact" group.

A further point, also obvious, must be recognized in passing: although the differences reported are statistically significant, they are not necessarily practically significant. For example, with regard to juvenile delinquency, one statewide study reports that about 2 percent of the boys in two-parent homes and about 3.5 percent of the boys in one-parent homes were classified as delinquents.[7] Another way of saying the same thing is that 98 percent of the boys in two-parent homes and 96.5 percent of the boys in fatherless homes were classified as nondelinquent. Even without the appropriate qualifications, these figures do not suggest that most boys in fatherless homes are likely to be delinquent.

Family patterns

One missing element in these studies is a sense of individuals in the context of families and of families in the context of a broader community. Another is the recognition of different kinds of one-parent and two-parent families. When studies are focused on two-parent families, differences in harmony and functional two-parentness are often recognized. We hear a great deal about the communication gap between generations and about the impact on the child of the parents' marital relationship and of the parents' individual emotional or behavior problems.

On the other hand, in discussions of the adverse effects of broken homes on the development of children, there often seems to be a tacit assumption that all two-parent homes are "good" homes, in which fathers are strong and zealous, all parental functions are shared, and close-knit harmony prevails. Very few studies compare the effects on children of tense and conflict-ridden two-parent homes with the effects of harmonious, well-organized one-parent homes. Even fewer studies inquire about how the image of an absent father is presented to his children. We found almost no studies that explicitly related the effect of father absence to availability and functioning of other relatives or to the economic consequences of his absence.

Sex roles

In studies of fatherless children, much emphasis is placed on the lack of sex role models, especially on the problem the fatherless boy has in developing adequate masculine identification. In studies of Negro boys in low-income homes, sex role problems are ascribed to the matriarchal family. Studies of middle-class children also highlight sex role problems, but without reference to matriarchy. The most frequent conclusion is that, lacking a resident male model, the boy is more likely to become feminized. He may show this by dependency and passivity, or he may show it by compensatory masculinity. If he scores too low on a test of masculinity-femininity, he is classified as feminized; if he scores high, he may be classified as showing overcompensation.

Studies concerned with masculinity and femininity pose problems both of substance and of method. The concepts used include "masculine and feminine roles," "role models," "identity," and "identification." These terms are neither strictly synonymous nor mutually exclusive, but present purposes do not require an attempt to define their areas of overlap and margins of difference. The measures most often used are scales of masculinity and femininity (referred to as M–F scales), questionnaires about family roles and relationships, and projective tests.

Many different M–F scales have been used, most of which were constructed through trial-and-error selection of the items that discriminated most effectively between males and females. These items usually include the subject's activity preference, occupational preference, avowed anxieties, and emotional reactions.

Among the projective tests used in these studies, structured doll play is conspicuous. Other projective tests employed were the IT Scale for Children and the Blacky test.

The studies reviewed were focused chiefly on boys who were growing up in fatherless homes. Differences in various directions have been reported for girls in fatherless homes compared with those in two-parent homes, but more attention has been paid to boys and their sex role identification. Only two studies focused exclusively on girls.

A preponderance of relevant studies in our core group show some M–F differences in the direction of lower masculinity scores on the part of fatherless boys. On a referendum basis, this tendency would be clear. But if only the studies rated reasonably sound in method are taken into account, the verdict is somewhat less decisive. In any case, the verdict is based only on a moderate difference between the mean scores of the groups compared. There are many individual exceptions—that is, a considerable overlap exists in the scores of children in one-parent and two-parent homes. Still a question remains about the assumptions underlying the use of these tests in studies of fatherless families.

Many of the measures employed have been sharply challenged on points of contents and interpretation.[8, 9] However, quite aside from questions about the validity of the tests (and there are serious questions), there is a question whether one should use as a criterion of basic well-being the degree to which a fatherless boy can be classified as adequately masculine according to one of the familiar measures. If it is assumed that "real" masculinity or femininity *should* be a criterion in judging well-being, then it must be recognized that there are several aspects the familiar tests do not claim to measure—for example, the child's conception of the way a man feels and behaves and the way a woman feels and behaves, or his picture of the interrelations between men and women. A more important consideration may be the child's conception of what it means to be a human being and what to expect from and offer to other human beings.

Most tests of sex role development do not claim to assess a child's basic well-being or potential for future well-being. They are geared, rather, to testing discrete variables which, according to the theory accepted by the investigator, provide clues to future well-being. Doubts about their usefulness as a basis for generalizations concerning fatherless children are supported by the fact that typically the M–F scores of more highly educated male and female subjects are closer together than those with less education.[10]

People who are concerned primarily with broad generalizations and broad programs cannot afford to base such generalizations on fragmentary studies undertaken to test fragments of theories which are themselves under challenge. Much of the research reviewed dealing with adequate sex-role development is of this nature.

Practitioners and program planners are not obliged to wait for resolutions of theoretical controversies before seeking answers relevant to programs and services. But they *are* obliged to make sure that any conclusions accepted are based on the soundest available evidence, which has been subjected to thorough analysis and has been viewed in the context of other available evidence.

Long before theoretical controversies have been resolved and experimental testing of theories has been completed, a great deal can be learned by care-

---

Both **Elizabeth Herzog** and **Cecelia E. Sudia** are on the staff of the Child Life Studies Branch, Division of Research, Children's Bureau. Miss Herzog, chief of the branch, has been with the Bureau since 1954. Previously she was director of research for the Jewish Family Service of New York. Mrs. Sudia, a research analyst, came to the Bureau in May 1967. She was previously an instructor at the University of Minnesota School of Home Economics.

ful analysis of detailed descriptive studies. For that matter, theory itself might profit by a great deal more preliminary observation and description. After all, this was the basis of Piaget's theories, which have contributed substantially both to theoretical psychology and its practical application.[11]

The information about very low-income families, fatherless or fathered, that is most useful to practitioners and programs has not come from neat, precise experimental testing of discrete, theory-based variables. It has come rather from less structured descriptive reports of anthropologists and anthropologically attuned sociologists such as Hylan Lewis, S. M. Miller, Lee Rainwater, and Frank Riessman, to name a few.

Three conclusions

This review has been a chastening experience. We have analyzed a wide range of studies, from large to small and from solid to inconsequential, using diverse and sometimes dubious instruments. There has been an almost startling lack of replication. Results do not fit together or complement each other to a substantial degree. Nevertheless, the review does provide a basis for conclusions:

1. Existing data do not permit a decisive answer to questions about the effects on children of fatherlessness. As Maccoby remarked about one small group of father-absence studies, "the issue must remain open for further evidence." [10] We can add that, on the basis of what we have found so far, we would not expect adequate evidence to indicate dramatic differences stemming from fatherlessness per se. If all the confounding factors (such as socioeconomic status, race, age of child, type of father absence) could be controlled, children in fatherless homes might be classified as somewhat worse off than children in two-parent homes with regard to some (though by no means all) of the variables investigated; but the statistical differences would probably be far less dramatic than is generally assumed, and might be negligible. Even if some differences were statistically significant, we would expect their practical importance to be dwarfed by other variables.

2. To increase knowledge about the effects on children of growing up in fatherless homes and about ways of helping them to achieve their full potential, we need to look with new eyes at the family—a prescription more easily given than filled. We need to broaden the context of our investigations and to deepen our knowledge about individual roles and interactions and about family processes. In this connection, several interrelated areas would merit more attention than they have had.

The fatherless home in the United States, for example, deserves study as a family form in itself, rather than as a mutilated version of some other form. It would be useful to give clearer recognition to the one-parent family as a family form in its own right—not a preferred form, but nevertheless one that exists and functions and represents something other than mere absence of true familiness. We need to take account of its strengths as well as its weaknesses; of the charactertistics it shares with two-parent families as well as its differences; of ways in which it copes with its undeniable difficulties; and of ways in which the community supports or undermines its coping capacity.

Role models that actually influence children in both one-parent and two-parent homes also deserve more study. On the one hand, there are suggestions that many fatherless boys are not so lacking in male models as is often assumed—especially boys in very low-income families.[12]

On the other hand, there are questions about whether an effective male model necessarily has to be one living in the home. It is often pointed out that children learn about maleness and femaleness from many sources, including the adults in their homes, their peer groups, TV, movies, and other mass media, and especially the persons—children or adults—who influence them particularly. Less is said about the influence of siblings as such, who are conspicuous by their absence from most of the studies reviewed. Yet in theories of child development and in the life history of most people who have had brothers or sisters, siblings are important.

Granting that an adequate, affectionate, resident father is desirable for and desired by most boys and girls, a great deal more needs to be learned about the extent to which male models who are not the children's fathers, including those who do and those who do not live in the home, help or could help fill the model gap. This means that more must also be learned about male models other than the father in the lives of children who grow up in two-parent homes—homes with fathers adequate and inadequate, ever-present or intermittently present. But we need to learn on a base broader than a few discrete theory-determined variables.

The mother in the fatherless home also needs to be studied. How does she cope with her dual role as mother and father-substitute? How does she cope with her children? What picture of the absent father does she project to them? What kind of supervision and discipline is she able to exercise? What expectations does she impart to them about life and about people? What support does she have from family, friends, or community? We assume that the effect on children of the mother's behavior and attitudes is profound in any family. Unquestionably, in the absence of a father, the mother's role is especially difficult and demanding.

It is usually impossible and often would be undesirable to restore the absent father to a fatherless home. But it *is* possible to ease at least some of the mother's burdens—economic and social, if not psychological. And this may be the most direct and effective means of opening a pathway to fuller development and more life satisfaction for her children.

3. We are giving the question a wrong slant when we ask: how, and how much, are children harmed by growing up in fatherless homes? The history of research about working mothers provides a useful example with regard to question formulation. Not so many years ago, conferences were discussing the effects on children of having a mother work outside the home. Distressed mothers, alarmed at the wide publicity given to an inadequately controlled research study, were writing to the Children's Bureau to ask, "Am I making my child into a juvenile delinquent because I have to work?"

Today there is remarkable consensus among research investigators concerned with the subject, that whether the mother works is not in itself the crucial variable. On the contrary, analysis of available evidence indicates that the effect on her child of a mother's employment depends on a number of other factors, such as her attitudes toward working or not working; the attitudes of other family members; her relationship to her husband; her temperament; her arrangements for child care; and the age, sex, and special needs of the child.

The relevance of this example lies in the shift o focus from a single variable, assumed to be "the" determining factor of whatever results are found, to a cluster of interacting factors that, on the one hand mediate the effect of that variable and, on the other hand, provide clues to methods of diminishing some adverse elements in its effects. We expect an analogous development with regard to children in fatherless homes.

---

[1] Lynn, D. B.; Sawrey, W. L.: The effects of father absence on Norwegian boys and girls. *Journal of Abnormal and Social Psychology* September 1959.

[2] Stolz, Lois Meek, et al.: Father relations of war-born children Stanford University Press, Stanford, Calif. 1954.

[3] Mischel, Walter: Father-absence and delay of gratification: cross cultural comparisons. *Journal of Abnormal and Social Psychology* July 1961.

[4] Sears, Pauline S.: Doll play aggression in normal young children influence of sex, age, sibling status, father's absence. *Psychologica Monographs*, vol. 65, no. 6, 1951.

[5] Rosenberg, Morris: Society and the adolescent self-image. Princeton University Press, Princeton, N.J. 1965.

[6] Gurin, Gerald; Veroff, Joseph; Feld, Sheila: Americans view their mental health. Basic Books, New York. 1960.

[7] Gregory, Ian: Anterospective data following childhood loss of a parent: I. Delinquency and high school dropout. *Archives of Genera Psychiatry*, August 1965.

[8] Pollak, Otto: The outlook for the American family. *Journal o Marriage and the Family*, February 1967.

[9] Vincent, Clark: Implications of changes in male-female role expectations for interpreting M–F scores. *Journal of Marriage and th Family*. May 1966.

[10] Maccoby, Eleanor E.: Sex differences in intellectual functioning. *In* The development of sex differences (Maccoby, Eleanor E., ed.), Stanford University Press, Stanford, Calif. 1966.

[11] Hunt, J. McVicker: Intelligence and experience. The Ronald Pres Co., New York. 1961.

[12] du Bois, Hazel: Working mothers and absent fathers—family organization in the Caribbean. Unpublished paper given at the annua meeting of the American Anthropological Association, Detroit, Mich November 1964.

speech and hearing clinic provides a home teaching program for . . .

HELPING PARENTS

TO HELP DEAF INFANTS

AURA L. KNOX ● FREEMAN McCONNELL

A deaf child—that is, one with such a severe hearing defect that without help he will not even notice sound—needs special and connuous attention very early in life if he is ever to earn the meaning of sound and speech. To help parnts know how to provide the appropriate kind of atention, the Bill Wilkerson Hearing and Speech Cener in Nashville, Tenn., has since 1966 operated a rogram for the parents of children under 3 years of ge with severe hearing deficits. The project is suported by a demonstration grant from the U.S. Office f Education. The 78 children who have been involved ave all been children who during the diagnostic orkup in the clinic failed to respond to sound and ere fitted with hearing aids, usually in both ears. he 40 now in the program come from every part of ennessee and other States as well.

The distinctive feature of the Wilkerson program s the use of a model or demonstration home in which arents are taught how they can help their child deelop skill in attending to sound and speech during he course of normal activities at home in the years efore he is old enough to take part in outside rograms.

The home teaching program is based on the belief that the people most important to a young child are his mother and father and the place most important to him is his home; and that therefore he can learn best in his own home from his parents. Because parents need help in knowing what to do to stimulate an awareness and understanding of speech in a deaf child, it seems logical to bring the child and his parents together in a model home where many of the activities that take place on any day in the life of a young child can be simulated.

Few guidelines were available to the center when the program began. As training courses for teachers of the deaf do not prepare teachers to work with very young deaf children nor to handle the many problems that the parents of such children bring to a clinic, the center's teachers had had no specific training in this type of work. Nor could the center rely on precedent set by others, since the few programs providing organized services for deaf infants and their parents had not been described in the literature. Traditional preschool programs for deaf children tend to be child-centered; the home teaching program is strongly parent-centered.

The center has had, therefore, to rely in its home teaching program on the inventiveness and good sense of teachers who have had sound training in child development and in the special difficulties of deaf children. It has found especially effective teachers who are themselves mothers, as much of the discussion at sessions with parents is focused on such problems as discipline and ways of reinforcing good behavior. The four part-time teachers who now comprise the staff are all mothers themselves. Therefore, when parents ask questions relating to these aspects of child rearing, the teachers can say in effect, "I've been there, I know exactly what you're talking about."

A relaxed atmosphere

The demonstration home is housed in a two-story red brick building a half block from the Bill Wilkerson Center. Thus it can maintain the relaxed nonclinical atmosphere of a home, while the children it serves can conveniently be provided continuing audiological examination and treatment. Even on the dreariest day the kitchen with its yellow walls and yellow and white checked curtains is bright, warm, and inviting. An exchange of ideas with a teacher over coffee at the kitchen table seems to make the reception and assimilation of ideas far easier for the parents than is possible at a conference table in the clinic. The essence of the parent-teacher relationship is informality, for which the staff consciously strives from the first session. Parents are urged to dress as they would at home. The teacher spends a great deal of her time during each session working in the kitchen as a mother would at home or sitting on the floor with the child, and the parents are expected to join in her activities.

Parents—both mother and father, if possible—bring their deaf child to the demonstration home after two visits to the center during which the child's hearing problem has been diagnosed. Usually the parents have been deeply affected by what they have been told at the center. For many, the diagnosis has confirmed their worst fears. For others, the fact that their child has a severe hearing deficit is a new and shocking idea. The staff of the home has found that the best way to counteract the parents' emotional state is to emphasize the everyday routines that must be dealt with at all times of life in spite of grief or joy.

Because the mother is normally the parent who is with the child most of his waking hours, the program in the demonstration home is largely focused on the mother's role in stimulating the child's interest in sound and speech. The teacher does what the mother of any very young child does: she spends a great deal of her time in the kitchen preparing meals, washing dishes, feeding the child, and performing other chores. She washes windows, sweeps and dusts, folds and sorts clothes, irons, bathes and dresses the child plays with him, reads to him, and sings to him. But at the same time she is carrying out these tasks, she demonstrates that every activity provides a means of communication and an opportunity to call attention to speech and the many other kinds of environmental sounds the child must recognize. While visual stimulation is not excluded in the program, the teacher's major effort is to show that most deaf children have sufficient residual hearing when wearing hearing aids to respond to and recognize such sounds.

We ask the parents to remember that the child is first of all a 2-year-old or an 18-month-old or whatever age child he is and, second, that he is a child with a severe hearing deficit. In other words, we do not ask parents to do anything with the child that is different from what they would do with a normal child but we do ask them to do some things in different ways. For instance, since the demonstration home is near a busy intersection, the ears of anyone in the home are bombarded from time to time with the loud sound of screeching brakes. When this happens, the teacher places her hands to her ears, then whisks the child up in her arms, runs to the window, points to the automobile, and says, "That car stopped. It made a big noise. Now it's ready to go. See the car go." She then points out to the mother that, while to a child with normal hearing a mother might merely say, "My goodness, what a loud noise that car made," such a matter-of-fact statement is not enough for a child with a hearing deficit.

Two emphases

Essentially two main requests are made of the parents we serve. The first is to give the child the kinds of experience that any other child his age would have: and the second is to give him words—words for objects he sees, words for people around him, words for activities he is doing. Thus, our emphasis is on communicating with these children about things that are of particular interest to them at the moment.

But calling a deaf child's attention to sound is not enough. The child has to be *shown* how the sound occurred and where it came from. We attempt, therefore, to help the parents become aware of the many sounds in their environment and how to use them in way that is meaningful and interesting to the child. For example, in the first session when the teacher places the child in a high chair for a snack, she calls his attention to the loud, metallic snap of the tray. From then on, she continues to bring everyday ounds to the child's attention: she slams the refrigrator door shut, she rattles pots and pans, she bangs he cookie tin on the table, and, if the child does not knock the top of the cookie tin off the table, as a child usually does, she deliberately drops it on the floor. In such vivid ways, the teacher shows the parents how they can use the sounds that occur daily in the home to help their child differentiate between sounds he otherwise would ignore because he hears them so faintly.

In each instance, the mother is asked to explain what the teacher is doing: to identify the sounds to which the teacher is calling the child's attention, and o tell how she does this and how she correlates her alking with her actions. Then the teacher asks the mother to try these procedures at home. In the next ession, the mother may be asked to give the child a nack herself incorporating some of the ideas she has picked up from the teacher. In this and almost very subsequent visit the teacher provides further demonstrations of how the mother can work with the hild while carrying out normal home routines; the mother practices them at home during the week, and on her return for her next lesson demonstrates to the eacher what she has been doing. Sometimes, when in the judgment of the teacher the mother is ready, the eacher puts the mother in a sink-or-swim situation by asking her to perform a task without warning or preparation. For example, she might ask the mother o wash the dishes or bathe the baby and during these activities to talk to the child. The teacher then evaluates the mother's performance, always finding something to praise, but also making suggestions.

The parents' feelings

Soon after the home teaching program began, the eachers at the demonstration home became aware that some of the information they were giving to the parents was not being assimilated. The teachers were having to repeat what they had already said. Therefore, we found it helpful to consider carefully the backgrounds of each parent. We found these have differed widely. The fathers' ages, for instance, have ranged from 19 to 65; the mothers', from 16 to 42. The education of the fathers has ranged from completion of the fifth grade to a doctoral degree; the mothers', from completion of the fourth grade to a college degree.

With hearing aids in both ears, this little girl seems fascinated by a sound she has heard as she stands in the kitchen of the demonstracion home in which her mother is taught how to help her pay attention to the normal sounds of daily living.

Obviously, we could not give information in the same way to each family. Technical words that teachers and clinicians toss about freely have little meaning for some parents. Over and over, we have found it necessary to simplify explanations and illustrations and to repeat ideas. However, we have also found that because a parent had a college degree does not mean that he can talk well to a child. Frequently, those parents with the least education have shown the most insight and commonsense as far as dealing with children is concerned.

There are several reasons why parents cannot rapidly absorb instructions having to do with their children, but the paramount reasons are in the realm of "feelings."

We have found that the interpersonal relationship

Both **Laura L. Knox**, left, and **Freeman McConnell** are staff members of the Bill Wilkerson Hearing and Speech Center in Nashville, Tenn. Mrs. Knox is a teacher-clinician who is involved in the home teaching program for parents of deaf infants they describe. Dr. Freeman is director of both the center and the home teaching program. He is also a professor of audiology at the Vanderbilt University School of Medicine and a professor of education at the George Peabody College for Teachers.

---

between the child's parents affects their ability to work with a child with a severe hearing problem—not only whether they are separated or living together, but also whether there is harmony or discord between them in the home. Therefore, the teacher is on the alert for signs of how well the husband and wife communicate with each other. Can they discuss their feelings openly with one another? Does the husband feel the need to be strong and to protect the wife, or is the wife determined to appear brave and cheerful to avoid depressing her husband? Are both parents able to deal with intense emotions that could be devastating? Can they overcome feelings of guilt such as those harbored by the mother who confessed to the teacher that "a lady in my church told me my child's deafness is a punishment for me because I didn't want the baby," or by another whose physician had exclaimed the first time she brought the child to him, "My God, woman, why didn't you bring this child to me months ago?" The teachers deal with these feelings as best they can at that moment. If the problem seems acute, they refer the mother to the center's social worker or psychologist, to another community service, or to the family's physician.

The parents may also be concerned about the reaction of neighbors and the public to their child's hearing problem. The pain of knowing one's child is severely handicapped is heightened when a next door neighbor forbids her child to play with him because "since he can't talk, he must not be right." Parents must also face the reactions of perfect strangers—for example, the pitying stares at a child who is wearing a hearing aid in each ear. The teachers at the demonstration home try to help the parents accept such challenges by encouraging them to acquaint their communities with the nature and meaning of a severe hearing problem to a child. Many parents have taken up the challenge as did a number who went as a group before the board of education to urge continuance of the preschool program for deaf children.

Personal considerations also have to be taken into account in planning schedules. Experience thus far suggests that the ideal situation would be to have the parents bring their child to the demonstration home once a week. Parents living close to the home usually can do this, but those who live farther away often require another plan—for example, alternate weeks or once monthly. We have not found it practical to insist on fathers coming to the demonstration home every week as they may have to forfeit wages for the time they are off from work, but they are expected to come for the initial sessions and at less frequent intervals thereafter.

Working mothers, also, may lose income when they take time off from work for a session at the home, and they may find it difficult to come in at other times, as they have their own household chores to attend to. Working mothers also present another problem in that they are away from the child much of the time he is awake. They are therefore urged to bring with them to the demonstration sessions the babysitter, grandparent, aunt, or whoever has the major responsibility for the child's care while they are at work.

Some parents are slow to grasp the magnitude and far-reaching effects of the problem they face with a deaf child; their questions to the teachers come haltingly. Others grasp the circumstances all at once; their questions burst forth in volleys—"When will my child learn to talk?" "Will he be able to go to school like normal children?" "If he can't hear, why talk to him?" The teachers answer such questions as best they can. If they do not know the answers, they say forthrightly, "I do not know the answer to your question, but I will help you find it."

Parental understanding

To help the parents acquire better understanding of themselves in relation to their handicapped child, the center holds monthly group meetings for them. For the first year and a half, the meetings were held at night, but they are now held in the morning in deference to those parents who come from a considerable distance. Attendance at these sessions is generally mandatory for all parents in the home teaching program, and in some instances members of the staff themselves make arrangements with employers for parents to be excused from work to attend the sessions.

The first part of the program is an information ession. Otologists, audiologists, educators, and pediaricians address the parents on specific topics such s child development, the causes and treatment of earing impairment, speech and language developnent, and the value of hearing aids. The speaker then resides over a question-and-answer period.

After a break for coffee, the parents meet in a 2-our session with two psychologists with whom they xplore their feelings about having a handicapped hild and their attitudes toward the child. The psyhologists also deal with whatever problems the parnts bring up. There is invariably a question about iscipline. Parents ask, "How can I punish my child hen he doesn't understand what I'm saying?" The sychologists reinforce the point constantly made by he teachers that in any situation in the home the arent must help the child understand through whatver means of communication has been established etween them. A great deal of time in the program is pent on stressing the importance of setting limits or a child's conduct and the need for consistency n dealing with him.

The teachers meet with the psychologists immeiately after the sessions to exchange ideas and inormation. This aspect of the program has been aluable for both parents and staff: the parents are elped to become more sensitive to their own feelngs, to their spouses' feelings, and to the feelings of heir children; the staff members gain insight into heir relationships with the parents.

The program's goal is not to make the parents into rained teachers of the deaf but to help them become ood mothers and fathers who value and seek a warm, oving relationship with their child and who will try aithfully to use the guidelines presented to them o make their talking to a child a real act of comnunication. A few parents have expressed a feeling robably shared by most of them: "Well, you eachers can walk out that door at 4 o'clock this afternoon and never have to think about this child again until you come back tomorrow morning, but with us it is a 24-hour-a-day job." Such a statement stimulates the teachers to look for more and better ways to make the parents' role easier and more effective.

Parents differ widely in ideas and attitudes they have about and toward themselves. Some are healthy and constructive; these the center tries to reinforce. Others are disturbing and detrimental; these the staff tries to dilute or eliminate. We have found, however, that parents with negative attitudes are usually insecure about their ability to be good parents to a deaf child. For this reason, our teachers go to great lengths to bestow honest praise; even when a demonstration has been poor, they usually can find one aspect of it to compliment, and at the same time, help the parent to see directions in which he can make improvements.

One of the most valuable gifts a parent can give his child, handicapped or not, is a feeling that he is of unique worth as a person. Parents cannot give this gift to their child if they are convinced they are failing him. This is particularly true if the mother thinks she is falling short. Thus, the center always tries to work from a position of strength—to build up and elaborate on what is good. We hope this attitude of confidence will carry over to the parents' relations with their child so that they will look for things that the child does well, either an activity or an attempt at vocalization, and reward him with smiles and hugs.

By encouraging the parents in the home teaching program to perform at a level that surpasses their assessment of their own ability, staff members try to encourage each child to exceed his seeming limitations. Thus, for each child the center holds high expectations as long as possible. In this way, we hope to open for him early in life the doors to language and speech, doors that otherwise might be tightly closed to him.

LICENSING FOR CHILD CARE

a preventive welfare service

NORRIS E. CLASS

Today, people in the field of public welfare are beginning to recognize the importance for efficient administration of examining the various types of programs within the scope of public welfare to determine what they really are or could become. One responsibility of public welfare, the licensing of child-care facilities, is rarely seen for what it really is, a preventive program—a program not to treat problems but to prevent misfortunes from befalling children. The preventive aspects of a licensing program differentiate it from child protection, which is essentially a program of *social treatment* or rehabilitation. Only when the distinction between prevention and rehabilitation is clearly recognized can a child-care licensing program fully realize its purpose of *preventing social ills.*

The fact that this distinction is often not recognized raises three questions: (1) What are the features of a preventive program? (2) What are some of the factors that confuse the perception of child-care licensing as preventive? (3) What are some of the administrative imperatives if child-care licensing is to be carried out as a preventive program?

Study of preventive programs in the related field of public health points up four common features:

1. They are oriented to the future, not to the past.
2. They are focused on the entire community or a large section of the population rather than on the individual.
3. Their activities are scientifically guided or at least based on a validated, commonsense idea of causation.
4. The mode of administration is interventive and is characterized at times by a show of authority.

Future orientation. When an operation in social welfare is guided by a past event, for example, protective activity in behalf of a neglected or abused child, the service must be regarded as social treatment or rehabilitation. To call it preventive after the fact, as did the early societies "for the prevention of cruelty to children," is unrealistic.

To be truly preventive, the orientation of the action must be to the future, as it is in licensing. The public health officer who orders a swamp drained, lest someone (anybody, not a particular person) walk by and be bitten by a yellow fever carrying mosquito, is engaged in a preventive action. He is taking action to ward off possible harm to persons who have not yet been bitten. He is future oriented. The practicing physician who treats the person who has already been bitten is past oriented. The knowledge and skill of the health officer and the physician may overlap, but their operational focus and time orientation are different.

Child-care licensing, like public health work, looks to the future to prevent pathology. The licensing worker goes through the same kind of process as the public health officer who ascertains whether or not the environment contains injurious forces and manip-

---

Based on a paper presented at the Centennial Conference on the Regulation of Child-Care Facilities, The Jane Addams Graduate School of Social Work, University of Illinois, Urbana, December 13–16, 1967.

ulates the environment to make it safe. Before granting an applicant permission to operate a proposed child-care facility the licensing worker makes a determination of facts to ascertain whether or not it will provide a favorable environment for a child who is away from home. In the course of his investigation, the worker may make many suggestions intended to manipulate the environment to prevent improper care. He acts in advance of the arrival of the child just as the health officer acts in advance of the passerby at the swamp.

The wider focus. In a social treatment program, the focus of attention is on particular characteristics of a specific person, or a small group of persons, who at the moment is diseased, disabled, dependent, deviant, or disadvantaged. In the helping professions, we call such a focus individualization of treatment. In a preventive program, the focus of attention is not on the individual in distress but on established standards applied to *any* person or persons under the same set of circumstances to prevent the occurrence of distress and to promote positive health or general well-being, or both. The individual is dealt with only as a part of a collectivity to which the standards are applied. A child-care licensing program is a community's device for reducing risks for children who are away from home by setting standards of behavior for the providers of care and helping them to internalize those standards. Perhaps the appropriate social work method for child-care licensing is community organization.

Scientifically based operations. A third essential in a preventive program is that the action be based upon validated knowledge of cause-and-effect relationships. Although social and behavioral sciences lack the specificity of cause-and-effect relationships found in the physical sciences, enough has been learned through research and commonsense observation for some valid predictions to be made.

As the "Encyclopedia of Social Sciences" points out, the modern public health movement "was given strength and impetus by the demonstration that certain kinds of diseases were caused by microbes and that such diseases could often in fact be easily and completely controlled by simple scientific procedures."[1] In other words, knowledge of specific diseases and their cause led to specific programs of prevention. In earlier efforts, the search was for a single remedy or even an omen that would bring general riddance of all disease. From such attempts to prevent ill health generally, Western countries were moved by science to programs to prevent *specifically* identified diseases: for example, syphilis, tuberculosis, and yellow fever.

Moreover, it proved possible to prevent some specific diseases or conditions for which full scientific knowledge of cause-and-effect did not exist, but only a *validated* commensense surmise. For example, as Caplan has pointed out, scurvy in sailors was eliminated through the issuance of rations of limes and fresh vegetables long before a "scientific" knowledge of the relation of nutrition to this deficiency disease existed.[2] Prevention of scurvy resulted from *sound observation*, an analytic approach, and a commitment to the belief that a specific cause-and-effect relationship existed. The great *preventive* value of validated commonsense is that it rests on specific observations rather than on a broad, all encompassing assumption. In child-care licensing, the worker knows that a warm emotional relationship between caretaker and child is basic to good care, but he must also recognize that, as Bruno Bettelheim has put it, "love is not enough."

Prevention as intervention. An additional characteristic of a preventive program is its interventive nature. Because the purpose of the service is to head off possible destructive events, the workers must sometimes use the authority of the community to intervene in situations otherwise regarded as private. All truly preventive programs, especially those under public auspices, must accept the responsibility for intervention and for dealing with the problems of operation and public relations that arise from the necessity to intervene.

Confusing factors

The failure to regard child-care licensing as a preventive program may be traced to at least three historical facts:

1. Early programs for licensing child care were wrongly used to deal with serious situations requiring true protective services.

2. The administration of child-care licensing was placed in State departments of public welfare which had protective responsibilities, thus probably affecting the image of the licensing function.

3. In administering the programs, public welfare departments mixed licensing and placement opera-

tions in a willy-nilly fashion, thus impeding a clear delineation of the licensing purpose.

A front for protective service. Child-care licensing in this country began around 1900. Many early licensing programs were a response to reports in the press of the dreadful care infants were receiving in so-called "baby farms" and corrupt adoption agencies. In many instances the conditions exposed indicated that a forthright program of public protective service was needed.

By a program of public protective service is meant a program providing for official intervention on an individual basis to rescue individual children from immediately harmful and injurious care. This type of action could have been taken under the doctrine of *parens patriae*, which permits the State to act in the best interest of the child, a long accepted chancery concept in Anglo-American law.

The virtue of this type of protective approach is that it is immediate and specific. It can deal with dangerous situations quickly. Child-care licensing is less well equipped to deal with emergencies.

By constitutional necessity, efforts to protect children through licensing child-care facilities must move more slowly. More important, licensing is primarily concerned with the provider of the service rather than with the child using the service. Child protective service and child-care licensing are complementary and interrelated child welfare programs. However, they are not synonymous in function and do not become so by word magic or mislabeling.

A group of children in a day-care center, licensed by a public welfare department in a program established "not to treat problems but to prevent misfortunes from befalling children."

Why a vigorous public program of protective care was not implemented rather than a slow-moving and less individualized licensing program cannot be determined with any historical finality. Speculatively, the prevailing ideologies of laissez-faire and social darwinism may have been important contributive factors in the decision making.

Persons holding these ideologies tended to believe that any use of authority by the State to interfere with a private—albeit unsavory—enterprise was possibly a greater evil than the distress, pain, or suffering of the victim of the enterprise.

Licensing with its slower-moving and milder approach may have seemed more acceptable than a more immediately aggressive protective service program. In a sense, the licensing laws may well have been enacted as temporizing measures. But the licensing programs tended to be interpreted as protective and have continued to be so interpreted down to the present time.

Administrative location. It was probably both logical and desirable to place the administration of child-care licensing in State departments of public welfare. But unfortunately, at the time licensing came into being, the average State department of public welfare did not have the kind of public image that was conducive to the recognition of licensing as a preventive program. In fact, the man in the street tended to regard the public welfare department as being concerned with people needing immediate help of a kind requiring no scientific approach. Moreover, in most States the public welfare department had neither the prestige nor the operational effectiveness necessary for the sound development of a preventive program such as would have been present in a public health department.

Confusion with placement. Another reason the message did not come through that child-care licensing is a preventive, regulatory program may have been that the licensing function was usually combined with facility finding and child placement. In many public welfare departments the administrators of the licensing section have had no understanding of the regulatory nature of licensing. Their approach to licensing has been to use their skill in the supervision of the placement of children rather than to administer regulations; thus they made the licensing program into a second-rate protective program. Public welfare policies of providing subsidies to or purchasing services from voluntary child-caring agencies may have also clouded the preventive aspects of licensing, for under such policies the required standards of care could be secured through fiscal regulations rather than through the kind of intervention provided for by the licensing statute.

Administrative imperatives

If child-care licensing is to be recognized as a preventive public welfare service, the administrative structure and operation of the licensing program must be designed to take into account four administrative imperatives:

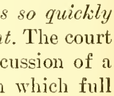
1. *The scientific validation of standards.* The standards or requirements must be, as far as possible, scientifically validated. The licensing authority must be able to show the need for the requirement by research or technical findings, especially in the form of epidemiological analysis. A validated relationship should also exist between what the regulations require and the specific preventive goals. This does not mean that a State department of public welfare should not contribute to establishing "ideals" for child care. The department may indeed crusade for such ideals, and its licensing requirements should represent a step toward their achievement. However, the licensing standards themselves are not, and cannot be, the ideals, no matter how much we wish they could be. Pragmatically, one of the most important functions of "ideals" is that they constitute guidelines for the upward revision of licensing requirements.

2. *Community education.* The second administrative imperative in making child-care licensing a preventive measure is to see that the standards are practically acculturated; that is, that they are widely known and accepted and that they constitute patterns of normally expected behavior. To achieve this acculturation, both teaching the licensee and interpreting the purpose of the program to the public need to be taken much more seriously than they are now. Of course, the statement of standards must be clear about the kind of performance expected of the licensee. It should also provide the users of the service with a knowledge of what they have a right to expect.

Without acculturation of the standards, intervention through licensing is difficult. Unless the licensing standards are widely known and accepted, the licensing worker knocks at the door of the applicant *alone*, rather than with the backing of the community. The burden of the interpretation then is almost entirely on the worker. Any preventive program, including child-care licensing, is essentially a teaching and learning operation. This means that the licensing staff must deliver effectively, efficiently, and economically the message as to what the program is intended to prevent and how. Without a proper staff development program, this test of sound licensing administration cannot be met.

3. *Intervention and enforcement.* A third administrative imperative for preventive welfare programs is a corollary of the acculturation of standards. It is the necessity to accept and use with a high sense of responsibility the authority inherent in the program. The slow-moving, passive, permissive approach, often successful in social treatment, cannot prevail in licensing *once a standard has been set.* An established standard has the force of law in so far as it prescribes expected behavior and carries positive and negative sanctions. To license the substandard is to postpone effective preventive action, the *raison d'etre* of a licensing program. More important, to postpone action in relation to one facility while demanding that others meet the requirements immediately makes for unequal treatment before the law.

Moreover, the State's willingness to resort to a "show of authority" in situations involving significant failure to comply with the standards is perhaps its most effective and efficient instrument for acculturation. A maxim for the operation of a licensing program might be: *nothing acculturates so quickly as a good court review of the requirement.* The court review provides an opportunity for discussion of a controversial point in an atmosphere in which full



Norris E. Class is a professor in the school of social work at the University of Southern California, Los Angeles. His experience in the child welfare field has included work as a caseworker in a child protective agency, as a supervisor in a county foster home care department, and as a director of child welfare in a State welfare department (Oregon). His monograph, "Licensing of Child Care Facilities by State Welfare Departments," is soon to be published by the Children's Bureau.

inquiry and rational thinking can take place and decisions can be made objectively with a view to the welfare of the community and of the differing parties. A court review may also provide an excellent means of getting information about licensing into the community's media of mass communication.

To intervene effectively and efficiently in child-care operations, the licensing staff needs ready access to attorneys who can clarify issues and give directions for appropriate action in specific situations. The attorney should play a large part in the inservice training of the members of the licensing staff, especially in respect to the basic rights of the licensees and the users of the service. The attorney may also be most helpful in giving advice to the members of the licensing staff about their appearances as witnesses at court hearings.

One may gain the impression from observation and conversation that many licensing workers constantly have the frustrating experience of dealing with county district attorneys and State attorneys who look at the licensing program from the point of view of criminal law, disregarding its regulatory nature. They may insist that a child must have suffered actual harm or distress in the child-care arrangement before they will institute action to enforce standards. In other words, they tend to do what others have done in the past—to turn a valuable preventive program into a weak protective program. One might wonder if they would have the same point of view toward enforcement of standards of air safety.

4. ***Supervision and consultation.*** A fourth administrative imperative in transforming licensing into a preventive service is the provision of proper supervision and consultation to the licensee. Only through supervision and consultation can licensing become a dynamic preventive welfare program. One of the basic tasks of any preventive program is community education. Supervision and consultation can play an important part in establishing what is proper care for children who have to live away from home.

Theoretically, at least, a licensee at the time of applying for a license and in the course of the study or investigation of the facility learns the essentials of child care as put forth in the licensing standards. However, this initial learning on the part of the licensee may not be as accurate or complete as is desirable. Thus, supervision and consultation can fill in where the initial learning was defective or refresh that which was hurriedly learned. Consultations especially can help those licensees move forward who are performing in a minimally satisfactory manner but have potential for a higher level of operation.

Helping a licensee move beyond a level of minimal requirements, may be defined as consultation in contrast to supervision, which is concerned with the meeting of basic requirements. A good example of consultation in contrast to licensing supervision is provided by the licensing worker who, having determined that all general requirements such as safety, health, and nutrition have been met in a day-care facility, then helps the licensee to develop an enriched play program.

The provision of consultation through a licensing program, however, presents some problems that, as yet, have not received the attention they deserve. One question needing attention is how far a responsible licensing program can or should go in providing consultation without specific statutory stipulation. Another question is how a licensing agency, even when it has statutory authorization to provide consultation, can make the licensee fully aware of when the licensing worker is providing consultation, which is always suggestive in nature, and when supervision, which concerns mandatory requirements. This distinction must at all times be clear to the licensing agency as well as to the licensee. If the improvement of child-care facilities is achieved through an arbitrary constriction of the rights of the licensee, it will be most likely only a Pyrrhic victory in respect to the safeguarding of children who have to live away from home.

---

[1] Winslow, C. E. A.: Public health. *In* Encyclopedia of social sciences The Macmillan Co., New York. 1934.

[2] Caplan, Gerald: Principles of preventive psychiatry. Basic Books New York. 1964.

COMPREHENSIVE SERVICE PROGRAMS

FOR SCHOOL-AGE PREGNANT GIRLS

MARION HOWARD

Ten years ago, probably not more than one or two communities in the country offered comprehensive programs to meet the needs of pregnant school-age girls from low-income homes. By 1967, according to a survey sponsored by the Children's Bureau, at least 35 communities were providng coordinated educational, health, and social servces to such girls and more were planning to do so.[1]

Communities are offering these comprehensive programs in the hope of alleviating three major probems that arise when young girls become pregnant:

1. Such girls are generally dismissed from school, and many never return.

2. Many girls do not receive the kind of prenatal care or counseling appropriate to the concerns adolescents have about pregnancy, childbirth, and parenthood.

3. Many pregnant girls have no one to turn to who can help them plan realistically for the future.

Some of the comprehensive programs provide servces directly while others coordinate services provided hrough the cooperation of several community agencies, most often the local education and health departments. Public welfare departments and voluntary ocial agencies are also frequently involved.

Many of the programs began as demonstration projects, and are therefore designed to serve only a fraction of the girls needing such help in their communities. To a large extent, the programs are still pioneering—clarifying their objectives and developing patterns for meeting these objectives. Only a few, such as the program centered at the Webster School in Washington, D.C., have published reports examining in depth what they have thus far achieved.

Because of a growing interest in the development of such programs, this article is being presented as a brief summary of what is being done and thought in many of them. It is based on the results of the aforementioned survey,[1] the findings of the Webster School study[2] the author's site visits to programs in eight cities—Atlanta, Ga., Chicago, Ill., Cleveland, Ohio, New Haven, Conn., New York, N.Y., and Los Angeles, San Francisco, and Oakland, Calif.—and the discussions in a workshop focused on the pregnant school-age girl, held in Chicago last May under the joint sponsorship of Yale University and the Children's Bureau.[3] Representatives from 15 programs for pregnant girls attended the workshop.

Objectives and design

Although the stated objectives of such programs vary, they generally include the following purposes: (1) to provide the girls with continuing education during pregnancy, thereby increasing the likelihood that girls will go back to and continue in school following childbirth; (2) to assure the girls of early and continuous prenatal care, thus improving the chances of a healthy outcome of childbirth for both mother and infant; and (3) to help the girls solve personal problems that may have led to or been caused by their pregnancy, thereby improving their potential for achieving a satisfying life.

Implicit in such programs have been two other goals: (1) preventing subsequent pregnancies out of wedlock and (2) helping the girls to establish some form of stable family life. Experience in working with the girls and information gained in the Webster School study, however, suggest that the latter two are the more difficult goals to achieve. At the Yale workshop, it was suggested that these two goals be made explicit and program components be created to help the girls attain them.

At present the structures of the programs vary. Some programs provide the girls not only with the practical services they need but also with a daytime therapeutic environment. They do this by having an interdisciplinary staff constantly present to give the girls emotional support and to deal with individual problems as they arise. Others concentrate chiefly on meeting the girls' practical needs until they once again can take advantage of community services through normal channels.

As has been mentioned, these programs have been established primarily to serve girls from low-income families living in urban areas—girls who are unlikely to be able to take advantage of maternity home services. Most of the girls are members of minority groups—Negroes, Puerto Ricans, Mexican-Americans, and American Indians. Because of cultural and economic factors, as well as the scarcity of adoptive homes for nonwhite infants, they generally stay in their own homes during pregnancy and do not place their babies in adoption. Program emphases, therefore, are largely, but not exclusively, upon helping the girl who plans to keep her baby.

In setting up such programs, most administrators start by reviewing the incidence of known pregnancies among school-age girls in their community and estimating the number of girls the program might be expected to interest. They then decide on what basis to select the girls to be included. Factors usually considered in selection are the girl's school history and desire to continue in school, her age, marital status, and stage of pregnancy, and her parents' interest in the program. Since most of these programs take only a limited number of girls, they tend to select girls who have an interest in school and appear to be willing to take advantage of the counseling help offered and to keep medical appointments. The girls not accepted by the program are sometimes referred to other health, education, and social service resources.

Among the girls served, administrators note differences related to age. Younger girls, they say, have more problems. The findings of the Webster School study bear out this impression.[2] Among the girls who attended that program, the younger girls were found to be higher risks medically, educationally, and socially than the older girls. That is, proportionately more of the younger girls gave birth prematurely, more tended to drop out of school following childbirth, and more became pregnant again out of wedlock. Some administrators now think that different program components may be needed to help the younger girls.

Services

The 35 programs surveyed in 1967 provide many kinds of services, either directly or indirectly. Some of them include such diverse offerings as vocational training and placement, legal counseling, psychological evaluation, adoption placement, training in child care and homemaking, public assistance, day care of infants, psychotherapy, financial assistance, and cultural activities. However, most programs concentrate on three types of services: continuing education, personal counseling, and prenatal care.

Education. Almost all programs provide the girls with opportunities to continue their regular junior and senior high school courses. Sometimes the basic classroom instruction is supplemented by individual remedial help. At least one additional course is generally inserted into the curriculum: one providing education in family living, sex education, and detailed information about nutrition, physiology, childbirth, and child care.

In nearly all the programs the instruction is provided in facilities not regularly used by other students. For example, in Chicago the facility used for this purpose is a church building; in Los Angeles classroom space is provided in mobile classrooms located next to several health centers; a Cleveland program uses store front space; in the Bedford-Stuyvesant area of Brooklyn, N.Y., two adjoining brownstone houses have been renovated for this purpose; in Baltimore the program has been provided with a public school building all its own. The proram in Atlanta is an exception in that the girls connue to attend school in their regular classrooms, eceiving other services at the end of the day.

Most program administrators say they do not beeve that the presence of a pregnant girl in a regular chool classroom will "contaminate" the other stuents, but they recognize the influence of this widepread belief on the school administrators who decide where the instruction is to be given. Other reasons hey give for the establishment of special classrooms re the reluctance of some girls to attend their reguar schools while pregnant and the special needs of pregnant girls for the kind of individual attention nd instruction that can be provided only in a speial class. In Washington, D.C., where special classes for pregnant girls are provided, at least 80 percent of he girls who participated in the program between 963 and 1966 maintained or improved their school rades during their pregnancy.[2]

Some program administrators, however, would like o see the girls remain in their own schools because hey believe that removing a pregnant girl from a amiliar atmosphere is an unnecessary disruption at time when she must cope with a great many other hanges. They maintain that there is no evidence that pregnant girls in a regular class adversely influence he behavior of other students. A point made at the Yale workshop was that the girls have a basic right o education and that if they choose to remain in chool that option should be available to them. It was lso suggested that separate education programs to erve all pregnant girls would be too costly for most communities.

Health services. How and where the health services hould be provided in such programs is a subject of ome difference of opinion, reflected in practice. A ew programs, such as the one in Syracuse, N.Y., provide the medical and nursing staff to give prenatal care to the girls in the same building in which hey receive continued schooling; others, such as the one in New Haven, have arranged for the girls to receive prenatal care at a specially designated clinic. Most other programs, however, while requiring the girls to receive regular prenatal care, begun as early as possible, allow them free choice of where to get it, hat is, whether from a public health clinic, a hospital clinic, or a private physician. Sometimes, such a program has arranged for a specific prenatal clinic to accept girls who wish to attend. These girls go to the clinic in groups at times when the normal clinic waiting time can be cut down for them. Arrangements for delivery are generally made by the provider of prenatal care.

Marion Howard, workshop coordinator for the Yale University Department of Epidemiology and Public Health, ran the recent workshop on the sexually involved teenager referred to in her article and is now planning a series of regional conferences on the same subject. Before joining the Yale staff in March 1967, Miss Howard conducted an evaluative study of the program for school-age pregnant girls carried out at the Webster School in Washington, D.C.

Seeing that girls receive early prenatal care is sometimes a problem. Schoolgirls who become pregnant tend to conceal their condition as long as possible because they do not want to be dropped from school. To encourage girls to identify themselves early enough to receive good prenatal care, some programs let it be known that they will admit only girls who apply in the early months of pregnancy.

Whether or not a program for teenage pregnant girls should provide birth control information or services is a subject of controversy, especially if the program is under school auspices. Discussion at the Yale workshop seemed to indicate that the chief obstacles to providing such a service lie in legal, social, and psychological issues rather than in any medical contraindication. Nevertheless, a number of the workshop participants expressed the opinion that programs for teenage pregnant girls must find intelligent and sensitive ways to offer birth control information and service if they are to tackle the problem of repeated births out of wedlock and to strive toward the long-range goal of helping the girls to achieve a satisfactory life for themselves and their babies. The suggestion was also made that if a birth control service is to be effective, the programs would have to provide the girls with supportive and followup counseling regarding its use. However, most programs provide little health followup of any kind beyond the post-partum period.

Counseling service. Most programs provide either group or individual counseling on immediate and future problems and some provide both. Who does the counseling varies with the programs. In many programs, the counselor is a social worker, in others, a psychologist, in some, a nurse. Almost all programs refer girls on a basis of individual need to other social agencies in the community for specialized services, such as intensive social casework treatment.

The major emphasis in counseling is often on helping the girl improve her relationships with her own parents. This is difficult, however, when the parents themselves do not become involved in the program. Participants at the Yale workshop stressed the necessity of finding new methods of involving parents, particularly the girls' mothers, who often become the babies' caretakers. Helping the girl to plan for care of the baby necessarily occupies much of the counseling time because of the emphasis on getting the girls to return to school. One obstacle is the scarcity of community arrangements for the day care of infants.

Helping the girl improve her self-image is another frequent emphasis, and in some programs the responsibility for doing this is assumed not only by the counselor but also by the entire staff. The major methods are: giving the girls as much individual attention as possible by providing them with opportunities to talk over their problems with a sympathetic adult and to establish a meaningful relationship with one person; making it possible for the girls to identify with professional persons of their own race; giving the girls an opportunity to know, to support, and to receive support from other girls in the same situation as themselves; and helping the girls to have some experiences of success, for example, by making clothes for themselves and their babies.

One gap in most programs, mentioned at the Yale workshop, is the failure to provide counseling to the unmarried father. The Webster School study showed that the father of a baby born to a girl in the program usually was close to the girl's age and in many instances continued to have a meaningful relationship with her. In a number of instances, the unmarried couple produced another child out of wedlock.[2] At the Yale workshop, it was suggested that young unmarried fathers as well as young unmarried mothers need help in understanding their responsibilities as parents, and that ways must be found for them to establish family life together if they wish to do so, or, if they do not, to achieve some other form of stable family life, with their own parents, other relatives, or living independently.

Followup. Experience has shown that when a program loses contact with the girls after their babies are born some of its gains are canceled.[2] Knowing this, the participants at the Yale workshop especially stressed the importance of finding ways of providing followup services—the now missing element i
most of the programs.

The mechanism most frequently suggested at th
Yale workshop for this followup was the preparation of an "advocate"—a person who would keep i
touch with the girl for about 2 years following th
birth of her infant and act on her behalf at any tim
problems arise. Ideally, the advocate would be he
mother or another member of the girl's own famil
In some instances, the program might, throug
counseling, help a mother to become an "advocate" fo
her daughter even though she had not previousl
taken on this natural mother role. In many instance
however, the mother-daughter relationship is to
damaged to make this possible. The person designate
as the advocate then might be a member of the program staff who has established a meaningful relationship with the girl, the counselor at the school t
which the girl is returning, or a public health nurse—
in short, a responsible person in a position to keep i
touch with the girl and be available to her in time o
crisis.

Organizational aspects

The programs now in existence had their beginnings in many ways. Some originated in stud
committees set up by community councils or othe
organizations to gather information on the needs o
pregnant school-age girls and to make recommendations for meeting them. Others grew out of smal
meetings in which representatives of health, education, and welfare agencies came together to discus
the problems of teenage pregnancy and to propos
solutions. Still others began when one agency, alon
or with another, planned a program providing basi
services and then gradually drew in agencies tha
could provide additional services.

No matter how the programs started or what thei
organizational structure, their administrators hav
had to rely on the cooperation of several agencies
because of the variety of needs presented by pregnant girls. The 1967 survey showed that the media
number of agencies involved in the 35 program
reported was three, not counting agencies acceptin
girls referred for services. The importance of interagency cooperation was stressed at the Yale workshop. One way to assure this, suggested an administrator, would be to "start in the mayor's office."

Another way of promoting interagency cooperation, reported at the workshop, was the designatio
of an "anchor agency" responsible for surveyin

eeds and drawing other agencies into an orgaized, coordinated plan. The anchor agency is also esponsible for continuous evaluation of the cooperave effort and for making shifts in the organization lan when indicated.

Sometimes the source of available financial support influences the type of agency designated as nchor agency as well as the major emphasis of the rogram. However, more than half the 35 programs n the 1967 survey were receiving funds from more han one source. The most common sources were city nd county education departments. Other local ources of funds were health and welfare departments, YWCA's, maternity homes, universities, and oundations. Several programs were receiving 'ederal funds, through the Office of Education, the 'hildren's Bureau, or the Office of Economic)pportunity.

In some communities, it has been possible to get 'rograms under way without outside funds because f a high degree of interagency cooperation. One oint stressed at the Yale workshop was that real nteragency coordination offers the greatest likelihood for community support for the program after utside demonstration funds are withdrawn.

The selection of staff is another important aspect f organization. Because subjects such as unmarried parenthood and sexual relations among teenagers bring out strong difference of opinions and feelings even among professional workers, participants at the Yale workshop stressed the importance of continuous nservice orientation of staff members to avert from he girls any hostility that might exist.

The two most desirable characteristics for staff members were identified as warmth and flexibility. Some administrators reported that the nurse and home economics teacher seemed to be particularly meaningful persons for the girls and suggested that his may be because the routine responsibilities of hese staff members—such as providing health supervision and giving instruction in how to make baby clothes—show their interest in each girl's pregnancy and coming baby. Flexibility was stressed as an important characteristic in staff members because assigned responsibilities often cross disciplinary lines.

In conclusion

In 1966, over 72,000 girls under the age of 18 gave birth out of wedlock in the United States.[4] The number who do so has been increasing for the past 5 years by an average of 4,000 a year.[5] Comprehensive service programs provide a new approach to this problem, although at present these programs reach only about 8,000 girls a year.

If the problem of teenage pregnancy is to be effectively dealt with, such services must be made available to all who need them. Stable family life will have to be emphasized along with better sex education and birth control services, to forestall repeated births out of wedlock. However, for girls whose lives have been disrupted by pregnancy even special service programs are a poor substitute for normal adolescent growth and development. Therefore communities must strive to provide the kind of community environment and broad network of services that will be effective in helping to prevent young unmarried girls from becoming pregnant in the first place.

---

[1] Howard, Marion: Multiservice programs for pregnant school girls. U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau. Washington, D.C. 1968.

[2] ———: The Webster School: A District of Columbia program for pregnant girls. U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau. Research Report No. 2. Washington, D.C. 1968.

[3] Center for Continuing Education, University of Chicago: Proceedings of workshop on "Program planning for youth at high risk: the sexually-involved adolescent, the pregnant school-age girl, the teenage mother and father." Chicago, Ill., May 20–21, 1968. (To be published.)

[4] U.S. Department of Health, Education, and Welfare, Public Health Service, National Center for Health Statistics: Vital statistics of the United States, volume I, natality, table 1–27. Washington, D.C. 1968.

[5] ———: Trends in illegitimacy: United States, 1940–65. Washington, D.C. February 1968.

a report from abroad . . .

SERVICES FOR MENTALLY RETARDED CHILDREN IN DENMARK

N. E. BANK-MIKKELSEN

Director, Danish National Service for the Mentally Retarded, Copenhagen, Denmark

● In Denmark for the past 35 years, the National Government has been developing a comprehensive service for mentally retarded children and adults, administered by the Danish National Service for the Mentally Retarded. Over the years the program's direction has changed from segregation of the mentally retarded person to "normalization." Its present aim is to give the mentally retarded person an opportunity for as normal a life as possible and equality under the law with other Danes.

The goal of normalization is in sharp contrast to the previous tendency of both the Government and the public to isolate and segregate mentally retarded persons. For, though government programs for the mentally retarded go back as far as 1855, normalization became a goal only after World War II, prompted by the demands of organizations of parents and relatives of mentally retarded children. The goal has been reinforced by a law passed in 1959 binding the Government to establish the institutions and other needed services.

In planning programs, the National Service for the Mentally Retarded takes two facts into consideration. One is that mentally retarded persons, although they represent the largest group of handicapped people, are a minority and are politically weak. The second is that the services to which mentally retarded persons have a right (such as education, training, hospital care, and special provisions) are costly. However, since 1933,when the Government of Denmark took over responsibility for all services for mentally retarded persons "from the cradle to the grave," our Parliament's attitude has been that the Government is responsible no matter how costly the services may be.

Denmark, with a population of 4.8 million people and an area of about 16,576 square miles, is densely populated. A "welfare state," it has a high standard of living and has long-supported education, social welfare, and hospital services for all citizens. All services for the mentally retarded described in this article are free to the patient and his family, and are financed by the National Government.

In fiscal year 1966, the Service's expenses were about $50 million (about $10.40 per citizen). In addition, the Government spent about $7 million for facilities. Undoubtedly, annual expenditures will double in the years ahead before the goal is reached. (While the official rate of exchange provides 7.50 Danish kroner for $1, it takes only 3 kroner to purchase in Denmark what a dollar will buy in the United States.)

Under the 1959 law, public officials physicians, teachers, and other employees who through their working activities are in touch with the mentall retarded are obligated to report thei condition to the Service through regional centers, and the material is collected in a central register.

About 22,000 mentally retarded persons (or about 0.5 percent of the population) are registered with the Danis National Service. In the United States where there is no registry, the ratio i 3 percent by statistical estimate.[1] Wha accounts for the difference between th two countries? One reason may be tha the figure of 0.5 percent represents onl persons permanently registered wit the Service and does not necessarily include all mentally retarded persons i Denmark. The figure for the Unite States is only an estimate.

Then, too, the definitions of the tern "mentally retarded" are not the sam in the two countries. In Denmark w consider as mentally retarded onl those persons who are so poorly developed they need special services no available through ordinary communit services. The definition in the Unite States is much broader and generall less definite and may differ from Stat to State. Also, Denmark, unlike th United States, has practically no prob lems stemming from socioeconomic or cultural deprivation, conditions that apparently tend to increase the incidence of mental retardation.

Through 12 regional centers the Danish Service operates 74 special schools for mentally retarded children, accommodating about 4,900 children. It also operates nearly 235 institutions of different kinds including residential institutions and day facilities for mentally retarded persons of all ages.

Only about 9,000 mentally retarded persons are living in residential institutions, in line with the policy that only children who cannot live in their homes or adults who cannot live in the community are admitted to residential institutions. The other 17,000 mentally retarded children and adults live in the community and have other kinds of services available to them through the Service.

For example, the regional centers provide diagnostic and evaluation services, preventive services, job placement services (in cooperation with the national employment service), social and recreational services, and special day schools for the retarded. Testing for inborn errors of metabolism such as phenylketonuria is a part of the public health system, but the central registration of children with this or other inborn errors of metabolism is made in the recently erected John F. Kennedy Institute, a part of the National Service, which also provides treatment.

Board and staff

The Service is under the jurisdiction of the Minister of Social Affairs, and is administered by a nine-member board of directors, three of whom are social, medical, and educational experts. Another member represents a nationwide association of parents and relatives of retarded children. Five others, selected for their insight into and interest in retardation, represent every section of the country. All members are appointed for 4 years.

The Service has a staff of 8,500 persons including experts of many kinds. They work through the regional centers, each of which is under the management of a multiprofessional team—an administrator, a chief physician, and a director of education—responsible for activities in its area.

We regard the use of a multiprofessional team as of inestimable importance in assuring comprehensive treatment for persons with multiple handicaps. The cooperation achieved between persons of different professions has been beyond the Service's expectations in both residential institutions and day institutions. Even though the purpose of day institutions seems to be only sociopedagogical (educational with the view of social development), the medical care, including psychiatric treatment, plays a decisive part in helping the patient. The Service's schools, for example, provide medical treatment and social guidance to an extent unknown in regular schools.

The Service employs 80 full-time psychiatrists, child psychiatrists, and pediatricians and other physicians and uses the services of many other medical specialists part time. It also employs 100 full-time social workers, about 800 trained teachers, 100 registered nurses, and about 2,800 "care assistants" whom we also call nurses.

The nursing section includes some 1,100 students in training at the Personnel High School in Copenhagen; at any one time about 300 of these are attending classes and 700 are working at the institution. Training at the school lasts 3 years: 1 year of theory and 2 years of work as a trainee. It prepares young persons for employment with the National Service for the Mentally Retarded. It combines the training of a registered nurse, occupational therapist, and kindergarten teacher to prepare the student to meet the daily needs of a retarded child for whom expert treatment is not needed.

Infirmaries and wards for physically handicapped retarded children employ registered nurses and trained kindergarten teachers. Sheltered workshops are manned, for the most part, by skilled workers.

The Danish Service aims at keeping retarded children in their homes if possible. It therefore provides such children and their parents with home guidance by specialists such as social workers, physicians, and nurses. It also provides economic aid to families when caring for a mentally retarded child involves costs and burdens beyond the family's capacity. The Service also tries to provide individualized treatment to children who have been temporarily or permanently institutionalized.

To relieve parents with mentally retarded children at home, the Service provides day care facilities such as kindergartens and also short-stay institutions for weekends or holidays. Children who cannot stay at home because of the seriousness of their condition or because of family problems are admitted to residential institutions. However, as in the United States, institutions have long waiting lists.

The most promising feature of the care of mentally retarded children in Denmark seems to be that parents have abandoned the attitude that they must send a mentally retarded child to an institution immediately after birth or as soon as his condition is apparent.

Denmark's well-developed mothers' aid system provides an excellent means of prevention and casefinding. The system offers services to all pregnant women, both married and unmarried, including 10 medical examinations by a doctor or a midwife. In addition, visiting public health nurses provide health supervision to infants during their first year of life, and advise their mothers on feeding and child care. All children are also entitled to nine free medical examinations in the period from birth to school age.

Although the mothers' aid system is well developed, it is far from perfect as a means of locating all mentally retarded children, for some parents with handicapped children fail to seek its help.

Education and training

The Service locates the majority of mentally retarded children in its register at about the time they reach school age and during their first years in school. All mentally retarded children are subject to compulsory education and training from age 7 to 21 (for normal children school attendance is compulsory from age 7 to 14).

The obligation to educate and train all mentally retarded children, not just those called "educable," is regarded as a responsibility of the Government. The legislation charges the Service to provide for education and training of even profoundly retarded children. However, the content of the training depends on the intellectual ability of the individual child.

It has been difficult for the Service to live up to the obligation of the 1959 law, and we are far from the goal of educating all mentally retarded children. However, today Denmark has many day schools for mildly and moderately retarded children, and because the country is small, most such children can live at home while attending them. Each of the Service's 12 regional centers operates between five and 10 such schools, depending on the size of the region.

To meet the increasing demands for schools for mentally retarded children, the Service is executing plans for standard schools made of prefabricated materials. These schools are of different sizes, have from four to 16 classes each, and are equipped for the special education of retarded children, including children with multiple handicaps. Twenty schools of this kind have been built in the last 3 years and 10 others are under construction. These schools are called "green schools" because they are located in green areas. Each room has about 64 square feet of space for about 10 pupils, and can be divided into a classroom and a room for other group activities. Each school also has special rooms for gymnastics, rhythmic activities, speech training, and so on.

As yet, the special school program has not reached its goal of making schooling available to every retarded child regardless of ability. This failure may be due to the fact that Denmark, like many other countries, has concentrated on educating children with the greatest intellectual ability. We have succeeded in preparing instructional material for the education of mildly and moderately retarded children, but we are only beginning to find a suitable method to use for training the severely or profoundly retarded.

During the past 7 years, the Service has established about 40 sheltered workshops with modern equipment for industrial production that employ nearly 1,800 workers. Certainly, the need for sheltered workshops is twice the number now in existence, and we hope to meet this need in the course of 5 or 6 years.

Among the Service's residential institutions, some are too large. Those built before World War II have from 600 to 1,300 beds; newer institutions have from 250 to 300 beds. Plans are now underway to modernize the larger institutions by breaking them up into smaller units. The modern institutions provide nearly all kinds of medical, educational, and social treatment. In them, children live in units in a homelike atmosphere. To create a rhythm corresponding to that in a private home, the children are sent out of the wards to kindergartens o schools located within the institution in the same way other children leav home for school.

By and large, the public has favore the activities of the Danish Nationa Service for the Mentally Retarded an has accepted the fact that the mentall retarded child has the same need fo consideration as other children. Thi attitude has been a great help to th Service. It has been encouraged by public education program conducte through the press, radio, and televisio through which the Service has trie hard to give the public an understandin of mental retardation and of the possibilities of helping mentally retarde children that have been opened up b new knowledge of the subject.

As a result of better public understanding, the Parliament has increase the Government's investment in th program year by year. Further increase in the future, we hope, will enable th Service to improve and expand its services for the mentally retarded.

---

[1] The President's Panel on Mental Retardation: A proposed program for national actio to combat mental retardation: report to th President. October 1962.

British publications

RESIDENTIAL CHILD CARE: FACTS AND FALLACIES.
FOSTER HOME CARE: FACTS AND FALLACIES.
Reviews of research in the United States, Western Europe, Israel, and Great Britain between 1948 and 1966. Rosemary Dinnage and M. L. Kellmer Pringle. Humanities Press, 303 Park Avenue South, New York, N. Y. 10010, in association with the National Bureau for Co-operation in Child Care, London, England. 1967. 344 pp.; 1968. 268 pp. $5.50 each (paperback).

These companion volumes in the series, "Studies in Child Development," present interpretations of research findings on the nature and consequence of institutional and foster family care, abstracts of completed research, annotated bibliographies, and annotated listings of current research projects.

PAPERS ON RESIDENTIAL WORK: CHILDREN IN CARE, VOLUME 1; DISTURBED CHILDREN, VOLUME 2. Edited by Robert J. N. Tod. Longmans, Green & Co., Ltd., 48 Grosvenor Street, London, W1, England. 1968. 155 pp. and 132 pp., respectively. 12½ shillings.

These two volumes contain papers on residential child care published in British and American journals during the past 10 years. The papers in the first volume discuss the meanings to children and to child-care workers of car away from home, the effects of parent child separation, work with adolescents staff relationships, and daily activitie in residential settings. The papers i the second volume discuss problems o disturbed children in group living, wor with individual children, parents' visits group therapy, and consultation.

THE WORK OF THE PROBATIO AND AFTERCARE OFFICER. Phyllida Parsloe. Routledge and Kega Paul Ltd., Broadway House, 68–7 Carter Lane, London, E.C. 4, Englan (U.S. Publisher: Humanities Pres 303 Park Avenue South, New York N.Y. 10010.) 1967. 104 pp. $1.50 paperback; $3 clothbound.

Describes briefly the development o probation services in England and discusses the role of the probation office in essay review . . .

MYTH AND MANNER IN TREATING THE DISORGANIZED FAMILY

NORMAN A. POLANSKY

rofessor of Social Work and Sociology, University of Georgia, Athens

Thirty years ago a group of young idealists who came together to discuss the means of aving their fellow Jews from the Nazis were addressed by Professor Hans Kohn, himself a recent escapee from Hitler. His first words were a verbal hock treatment: "Unless you will grant s a conceivable conclusion that there may be nothing to be done, it is not ossible to conduct a reasonable appraial of the situation."

Kohn's statement came back to me n reading the fine book by Minuchin and thers, "Families of the Slums." * Conisting largely of case descriptions of attempts by a team of therapists to treat disorganized families as family units, his work brings one face to face with he difficulty of effecting substantial hange in seriously damaged youngsters nd their families.

The title, "Families of the Slums," s somewhat misleading. Its subject is not all families living in slums, but a elected group of Negro and Puerto Rican families who have already produced at least two acting-out delinquent children each. The aim of the work described was to learn about the structure and dynamics of such disorganized famlies and to develop suitable new treatment approaches.

Not all slum families produce delinquents; nor do all disorganized families ive in urban slums, and the authors duly recognize this. They are, however, concerned with the disheveled, chaotic, nonverbal family caught up in the cycle of poverty and apparently out of reach of most of the standard treatment approaches of social agencies. Hence, their work is continuous with that of Redl and Wineman,[1] Reiner and Kaufman,[2] Pavenstedt,[3] and others. They describe a form of family therapy with new strategies and formulations that appears plausible and exciting. Yet, overall, the news they bring about their treatment attempts could be derived from Polansky's axiom: Research costs more, takes longer, and finds out less than you had hoped. Their careful work, however, contrasts with a number of myths currently in vogue about what can be done about such families. For example:

1. *Nothing can be done.* The first myth is most popular among the more smug segments of our society. It is that disorganized, problem-ridden families are "just hopeless." Such a point of view is extremely inexpensive over the short haul (though expensive in the long run) and therefore comforting to those who never meant to try to do anything anyhow. The truth seems to be that with good will and considerable resources such families *are* extremely hard to help out of their problem-producing cycle, but that a fair number can be helped with acumen and patience.

2. *The fault lies in the system.* To many persons who have spent their lives interpreting the needs of the poor to the establishment, it comes as a shock to be regarded as traitors by a newer establishment of colleagues. We are told that practically all that is wrong with disorganized, poverty-stricken families is that they have had no chance in the present culture: they have no money. Therefore, they say or imply, delinquency is reasonable behavior in the face of a blocked path up the opportunity structure. No theories are offered about what is reasonable behavior for the delinquent's victims.

If one examines the lethargy, the impulsivity, the vagueness in thought and infirmity of purpose among the families described in this book, it is difficult to imagine a social order in which they would not be relegated to a parasitical existence. As the authors rightly note, such families are extremely unlikely to take advantage of opportunities offered in mass programs. They seldom stay with any activity long enough to develop a high degree of skill at it.

Analyses in some of the sociological literature of why such families "feel as they feel" are replete with examples of purely conscious ideas held to evade personal responsibility. When people thus evade, they simultaneously destroy their own identity. Nevertheless, the research investigator often swings completely to the side of the defensive maneuvers, ignoring the rather severe personality handicaps under which the members of such families operate.

A related myth is that a well-meant action will have a direct, predictable result. For example, if a man is anxious, offer him protection. Yet, most analytically oriented caseworkers are well aware that anxiety often stems from fear of loss of control over one's own impulses, and that therefore the only security may come from a person who is firm or may even threaten punishment.

3. *You social workers hold middle-class values.* Social workers are fre-

---

*Minuchin, Salvador; Montalvo, Braulio; Guerney, Bernard G., Jr.; Rosman, Bernice L.; chumer, Florence: Families of the Slums: An Exploration of Their Structure and Treatment. Basic Books, 404 Park Avenue South, New York, N.Y. 10016. 1967. 460 pp. $10.

quently told that they do not know how to talk with persons from the low socioeconomic strata. The implication is that what we really need to do is to hire people from the same neighborhoods as our clients to undertake their treatment.

Actually, this myth about the social worker's incapacity to communicate with the "multiproblem family" hides from the accuser an even more uncomfortable problem. Many of the persons with whom we have trouble communicating are equally un-understandable to their own children. As Minuchin and his coworkers have so dramatically illustrated, the whole family may fail to use verbal symbols of much range or distinctiveness. This is not just a problem of "cultural deprivation," or social class. It involves the general level of maturity and organization not only of speech, but of thinking, a problem which has been explored by Deutsch[4] and Bruner[5] in this country, by Bernstein[6] in England, and by Vygotsky[7] in Russia. I do not regard it as complimentary to one's client to assume that he will have to be treated at a preverbal level. Moreover, some whole subcultures may *prefer* to retain nondifferentiated speech modes as part of a general renunciation of individuality.[8]

As for the use of persons indigenous to the slums to serve their neighbors, experiences thus far present a very mixed picture of their usefulness. Not a few of the persons who undertake this work are more psychologically divorced from the recipients of their efforts than are the social workers who hire them. The social workers at least have the armamentarium of theory and tradition to serve as a buffer against frustration.

4. *Just send money.* It is unarguable that too little has been invested for maintenance in some dilapidated families, and even less for rehabilitation. Consequently, and especially in periods of great national unrest, one solution seems obvious to many laymen and social workers alike: more money. Again, we have a necessary but not sufficient condition for alleviating problems.

An important message from "Families of the Slums" is that we really do not know how to treat many disorganized families with precision or any great promise of success. For the foreseeable future, their treatment is going to have to be disproportionately expensive to get results. In the work of Minuchin and associates, the emphasis has been on the development of a style of family therapy that goes beyond much of the theory and practice thus far enunciated. Yet, how many persons are there who can, or could, do the type of treatment they describe?

An immediate answer to this question will be that we must set up programs to "train personnel." To do what? To whom? How? Certainly we now have a body of theory about "family therapy," but to a person responsible, say, for revising the curriculum at a school of social work, the question remains: "Is it knowledge?" A recent review by Mishler and Waxler of the literature on family therapy[9] and my own experience in such work indicate that persons already skilled in social casework may be usefully exposed to current principles and practices for working with families in groups. But the principles and practices are by no means sufficiently clear or tested to be incorporated in training programs for beginners.

Antidote to myths

"Families of the Slums" provides an antidote to the foregoing myths. Moreover, it has a number of additional attributes that will make it desirable reading for persons who work in family agencies, psychiatric settings, and some public welfare programs. It presents, for once, a theory of family therapy that goes beyond the notion that people really *do* take roles—many of the families described are too fluid even for this—or that the parts of a *Gestalt* are indeed interdependent. It puts an engaging emphasis on the importance of the sibling system in the family's dynamics and offers a number of other useful ways of looking at family functioning.

The authors evidently were bound by a granting body to set up some sort of a control group, but they treat it as meaningless—as control groups *are* in such exploratory stages of work—and they do not hesitate to use in their treatment learning they gained after the study being reported was completed. To an investigator-clinician, research does not stop with the compl tion of a study. He believes his ow conclusions only if they seem to appl to the cases he is presently treatin The best avenue for learning about pe ple, Minuchin and associates apparentl believe, is to continue to try to chang them.

The book could be shorter and mo readable, and the case illustration more succinct. The informed reader ca get the most significant points by rea ing two long chapters only—one on th structure of the disadvantaged famil the other on its therapy.

From the standpoint of scholarshi the authors have neglected to mak sufficient acknowledgement of the wor of others, notably Ackerman, Bowe and other pioneers in family therap although they incorporate their idea and some of their interventive method

While the authors have not been abl to report glamorous success, they hav demonstrated that the situation wit respect to treatment of disorganize families is not nearly so bad, nor s sanguine, as many fantasies about i Meanwhile, they have produced an in triguing book, a sound book, and on that leaves this reader lookiug forwar to more of their work.

---

[1] Redl, Fritz; Wineman, David: Childre who hate. The Free Press, Glencoe, Ill. 1951.

[2] Reiner, Beatrice S.; Kaufman, Irvin Character disorders in parents of delinquent Family Service Association of America, Ne York. 1959.

[3] Pavenstedt, Eleanor: A comparison of th child-rearing environment of upper-lower an very low-lower class families. *American Journ of Orthopsychiatry,* January 1965.

[4] Deutsch, Martin: The role of social class i language development and cognition. *America Journal of Orthopsychiatry,* January 1965.

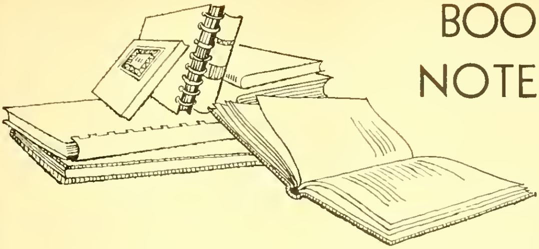
[5] Bruner, Jerome S.: The course of cognitiv growth.*American Psychologist,* January 1964.

[6] Bernstein, Basil: Social class, linguisti codes and grammatical elements. *Languag and Speech,* vol. 5, 1962.

[7] Vygotsky, Lev S.: Thought and languag The Massachusetts Institute of Technolog Press, Cambridge, Mass. 1962.

[8] Polansky, Norman A.; Brown, Sara Q. Verbal accessibility and fusion-fantasy in mountain county. *American Journal of Ortho psychiatry,* July 1967.

[9] Mishler, Elliot G.; Waxler, Nancy E. Family interaction processes and schizophrenia a review of current theories. *Merrill-Palme Quarterly,* October 1965.



BOOK NOTES

SELECTED PROBLEMS OF ADOLESCENCE: with special emphasis on group formation. The Monograph Series of the Psychoanalytic Study of the Child. Monograph No. 3. Helene Deutsch. International Universities Press, New York. 1968. 134 pp. $4.

Today, "youth problems" as well as personal problems beset the adolescent, according to the author of this report concerning clinical observations focused on how to "develop psychoanalytic insight into the origin, nature, and goals of the group formation." Few adolescents find a cause to which to give allegiance and many are alienated from their parents because of the devaluation of parental images, particularly the paternal image, she maintains.

Adolescent boys are striving to become one with other adolescents, not to express individuality, the author concludes. Their protest takes the form of "being different" from the "older generation."

Infantilism is largely responsible for the actions of girls who give birth out of wedlock, the author maintains. "The lack of ego organization in these girls deprives them of an important element of self-regulatory control of the basis for sexual inhibition," she points out.

TECHNIQUES OF FAMILY THERAPY. Jay Haley and Lynn Hoffman. Basic Books, New York. 1968. 480 pp. $12.50.

What a therapist does during family therapy is told here through the authors' conversations with seven therapists about their work with five families (three therapists worked with one family as a team). Four of the five families had disturbed teenage children; in the other, the mother was ostensibly the patient.

The authors' interviews with the therapists were interspersed with playbacks of tape recordings of the therapists' interviews with the families. At points of interest to the authors, they questioned the therapists about the procedures used in the family interviews. Both the material from the tape recordings and the therapists' comments make up the substance of the book. Together they describe various technical procedures used by family therapists and the reasons for their use.

THE DRIFTERS: children of disorganized lower-class families. Edited by Eleanor Pavenstedt, M.D. Little, Brown & Co., Boston, Mass. 1967. 345 pp. $10.50.

The six authors of this book—two psychiatrists, a research psychologist, an educator, a sociologist, and a social worker—were all staff members of the North Point Demonstration Project in Boston, Mass., the purposes, procedures, and effects of which they discuss here. Conducted through a child-guidance clinic by the Boston University School of Medicine with a grant from the National Institute of Mental Health, the project was designed to break the cycle of disorganization, deprivation, and alienation in which families living in a depressed area of Boston had been caught for generations. It focused major attention on 21 preschool children of 13 selected "hard core" families, providing them with a nursery school experience aimed at total personality development, but it also provided social casework services to the members of their families.

The project staff found that the children, all of whom were under 6 at the time of admission to the nursery school, were already so damaged that corrective rather than preventive measures had to be applied. They had failed to assimulate and identify and were characterized by "drifting." They were unhappy, frightened, defeated, confused; their language was poor, their ability to relate to others, weak. The preschool program tried to integrate the cognitive, social, and emotional aspects of development. The children improved, the staff found, but they were easily thrown back to earlier behavior by unusual circumstances.

The editor points out in conclusion that all staff members agreed that intervention must come very early and must include adequate economic aid as well as help with emotional problems.

In addition to Dr. Pavenstedt, the authors include Charles A. Malone, Ilse Mattick, Louise S. Bandler, Maurice R. Stein, and Norbet L. Mintz.

HOW CHILDREN LEARN. John Holt. Pitman Publishing Corp., New York. 1967. 189 pp. $4.95.

Children do their best learning before they go to school, the author contends in this book describing children "using their minds well." He believes this is so because children have a "style of learning" that they use well and naturally "until we train them out of it" and schools make them give it up.

The author describes rather than explains what he considers effective ways of learning through examples of children he had observed. He concludes: "What we need to do, and all we need to do, is bring as much of the world as we can into . . . the classroom; give children as much help and guidance as they need and ask for; listen . . . when they feel like talking; and then get out of the way. We can trust them to do the rest."

TO CHANGE A CHILD: a report on the Institute for Developmental Studies. Fred Powledge. Quadrangle Books, Chicago, Ill. 1968. 110 pp. $5.50, clothbound; $2.25, paperback.

Doubts that gains made by disadvantaged children in preschool programs can be retained are challenged in this report on the program of early childhood education being conducted in four areas of Harlem by the Institute for Developmental Studies of New York University.

In the belief that lack of continuity may account for much of a child's failure in school after attending a preschool class, the Institute tries to provide continuity, the author reports. He describes the Institute's program, which begins with a prekindergarten class and continues through the third grade, as designed to give the 500 children enrolled at any one time the advantages enjoyed by children from middle class neighborhoods. The staff members particularly try to build up each child's sense of self-worth and to give him an opportunity to acquire cognitive skill and improve linguistic and perceptive ability, he reports.

Although the children in the Institute's program have scored higher at the first-, second-, and third-grade levels on tests of reading and verbal ability than control children from regular and Headstart preschool programs, the Institute makes no claim to a "magical formula," the author says. But he points out that the Institute does claim that it is building up practical methods of helping urban disadvantaged children.

INFLUENCES ON PARENT BEHAVIOR. Lois Meek Stolz. Stanford University Press, Stanford, Calif. 1967. 355 pp. $8.95.

This book reports on a comprehensive study made at Stanford University of the values, beliefs, and other influences that guide 39 couples in rearing their children. The study is based on individual, in-depth interviews with 78 parents who varied widely in age, length of marriage, background, education, socioeconomic status, religion, number of children, and occupation. Six interviewers on the staff of Stanford University discussed with each parent his goals and aspirations for his children, the behavior he seeks to inculcate in them and the parental roles he sees.

Education, emotional security, an control were mentioned most often a the parents' goals for their childre Specifically, the parents wanted thei children to be obedient, to behave courteously, to be independent, to feel clos to the family group, and to be religious

The author found some significan differences between the attitudes, goals and child-rearing practices of father and mothers. Fathers tended to emphasize the importance of knowledg and responsibility; they seemed conscious of the goals they had set for thei children and were often motivated by beliefs. Many of the mothers said they want their children to get along wel with others. In contrast to the majorit of fathers, many mothers were easil influenced by changes from their norma environment and by mass media, books friends and relatives, doctors, ministers and teachers.

guides and reports

BIRTH DEFECTS: selected reading list. Supplement to "Birth Defects—Social and Emotional Problems." The National Foundation—March of Dimes, 800 Second Avenue, New York, N.Y. 10017. January 1968. 22 pp. Copies available from the Foundation.

Abstracts 75 books, articles, pamphlets, and other kinds of publications concerning physical and mental handicaps in children.

CHILDHOOD ACCIDENTAL INJURY SYMPOSIUM PROCEEDINGS: held at the University of Virginia, Charlottesville, Va., April 21–22, 1966. Department of Pediatrics, School of Medicine, University of Virginia, Charlottesville, Va. 22901. 1967. 195 pp. Limited number of copies available from the School.

Contains 24 scientific papers on the epidemiology, treatment, and control of accidental injuries among children. Includes a bibliography on childhood accidental injury and its prevention.

CHILD PROTECTIVE SERVICES—1967. Children's Division, The American Humane Association, P.O. Box 1266, Denver, Colo. 80201. 1967. 328 pp. $3.

Analyzes data from a survey of protective services for neglected, abused, and exploited children in the 50 States, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands.

INNOVATION AND IMAGINATION FOR YOUTH: report of seminar IV—Metropolitan Critical Areas Project. Division of Research and Experimental Projects, Camp Fire Girls, Inc., 65 Worth Street, New York, N.Y. 10013. June 1967. 99 pp. $1.75.

Contains the proceedings of the fourth seminar of a series on an experimenta program to provide girls in low-income areas with social opportunities.

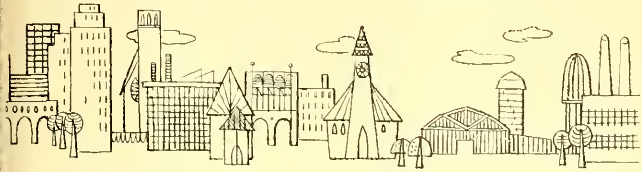
MENTAL RETARDATION: a programmed manual for volunteer workers. Alden S. Gilmore and Thomas A Rich. Charles C Thomas, 301–327 East Lawrence Avenue, Springfield, Ill. 62703. 1967. 138 pp. $5.95.

Contains programmed instructional material to help volunteers, students, and others preparing to work with mentally retarded persons develop favorable attitudes.

A CONFERENCE ON HEARING AID EVALUATION PROCEDURES. American Speech and Hearing Association, 9030 Old Georgetown Road, Washington, D.C. 20014. ASHA Report No. 2. September 1967. 71 pp. $3.

Summarizes the discussions and recommendations of a conference concerning methods used by audiologists in evaluating electroacoustic aids for persons with hearing impairments and the identification of aspects needing further research.

HERE and THERE



Juvenile delinquency

On July 31, the President signed the Juvenile Delinquency Prevention and Control Act of 1968, which provides for Federal grants and technical assistance to help States and communities strengthen their systems of juvenile justice, provide diagnostic treatment and preventive and rehabilitative services in relation to delinquency, and train people for work in delinquency control, treatment, or prevention. (P.L. 90–445.)

Specifically, the Act authorizes the Secretary of Health, Education, and Welfare to make grants for—

- *the development of comprehensive plans* for combatting juvenile delinquency within a State or local jurisdiction, such grants to be made to States and localities up to 90 percent of cost.

- *the development of plans for specific projects and programs,* such grants to be made to States, counties, municipal or other public agencies or nonprofit private agencies up to 90 percent of cost.

- *projects or programs to assist courts, correctional institutions, law enforcement agencies and other agencies concerned with delinquency* to develop and improve services for the diagnosis, treatment, and rehabilitation of delinquents or potential delinquents; to support activities in other State programs to deal with the problems of delinquency; to develop new methods of care and treatment of delinquents including the operation and construction of community based facilities. Such grants are to be made to a State or local public agency or local jurisdiction or a combination of such, up to 60 percent of cost, or 50 percent in instances of construction.

- *projects or programs, to promote the use of community based services for the prevention* of delinquency, and to establish special preventive services, including educational delinquency prevention programs in schools; such grants to be made up to 75 percent of cost to a public or nonprofit private agency.

The Act also authorizes the Secretary to make grants or contracts with public and private nonprofit agencies for—

- *the training of personnel* employed in or preparing for employment in fields related to the diagnosis, treatment, or rehabilitation of delinquent or potentially delinquent youths; to counsel or instruct the parents of such youths; to train young people and adults for careers including new types of careers in such fields.

- *the development of new techniques and practices* for use in the prevention and treatment of juvenile delinquency and in the rehabilitation of delinquent youths and in the training of personnel for these purposes.

- *technical assistance* to State, local, or other public or private agencies or organizations in matters relating to the prevention of delinquency or rehabilitation of delinquents or potential delinquents and to provide short-term training for agency personnel.

The Act requires the Secretary of Health, Education, and Welfare to provide for continuing evaluation of the programs involved, to consult with the Attorney General and other Federal officers whose responsibilities include combatting juvenile delinquency, and with the assistance of such officers, to report to the President each year, on all Federal activities in the fields of juvenile delinquency, youth development, and related fields.

The Act authorizes an appropriation to the Department of Health, Education, and Welfare of $25 million for the fiscal year ending June 30, 1969, $50 million for the following year, and $75 million for the year ending June 30, 1971.

For youth

As a result of a 3-year experiment in serving girls in low income, inner-city areas, Camp Fire Girls, Inc., is incorporating into its regular program creative experiences found to be relevant to the needs of such girls. The first phase of a four-part project called the Metropolitan Critical Areas Project, under the direction of Helen Rowe, the demonstration involved the extension of Camp Fire membership to 602 girls living in previously unreached areas of Boston, Detroit, and Washington, D.C. Begun in September 1964, it was carried out by area councils of Camp Fire Girls in cooperation with Boston University, the University of Michigan, and George Washington University, with a grant from the Children's Bureau. A major aspect was the use of leaders from the neighborhoods in which the girls lived.

Altogether 48 groups for girls 7 through 16 were organized in the inner-city areas of the three cities.

Efforts were made to provide activities that would contribute to their healthy social adjustment and improve their self-image.

As in other Camp Fire groups, the girls met weekly with a volunteer leader during the school year; special summer programs provided camping and day camping for some. Regular activities included sports, games, and creative dramatics; trips designed to teach girls about their own communities; lessons in sewing, cooking, child care; group discussions; and community service projects.

The girls showed a preference for sports and other activities that provided fun and relaxation. They also expressed satisfaction "in belonging," but they had difficulty in understanding the Camp Fire Girls Indian lore.

A majority of the 123 volunteer leaders recruited for the projects lived in the inner-city areas and shared the life styles of the families of girls in their groups. By the end of the demonstration, these leaders showed a marked increase in self-confidence, in the view of the project staff. Some had found jobs; others had become involved for the first time in other community, civic, or church activities.

Camp Fire groups in the three inner-city projects also made use of "adult helpers"—women in the neighborhood who were unable to be leaders, but who were willing to assist leaders with candy sales, trips, and other special activities.

The three other phases of the Metropolitan Critical Areas Project have involved (1) intensified services to girls in the inner-city areas of nine other cities; (2) four training programs for professional staff; and (3) the development of training materials for leaders from inner-city neighborhoods.

• • •

A greater voice for youth in government and community agencies is a major need today, according to the 10 young people aged 17 to 24 who participated in a workshop on identity at the Department of Health, Education, and Welfare (HEW) in Washington, D.C., June 20–21. Called by the Office of the Assistant Secretary for Community and Field Services and the Children's Bureau, the workshop also included 18 adult participants.

The participants included American Indians, Negroes, Puerto Ricans, Mexican-Americans, and Caucasians from middle- and low-income families in rural and urban areas. Among the young people were school dropouts as well as outstanding students. Among the adults were representatives of mental health and social action agencies, universities, and the Federal Departments of HEW and Labor, including the Secretary of HEW.

Other needs that the youth representatives described as important to young people's ability to achieve a clear identity were communication among youth themselves, understanding of and respect for differences among people, increased interaction among youth groups, effective use of political action for human development, and vocational information.

The workshop participants suggested that regional conferences of youth be held to provide young people with opportunities for expression and communication. At the invitation of the Department, they met again on August 19 and 20 to discuss the idea of regional conferences further.

Among other recommendations made at the workshop were: the development for Government agencies of a roster of advisers, consultants, and evaluators from the participants in the regional conferences; publication of a periodic report on youth affairs, prepared by a national team of regional youth reporters; and establishment of a federally supported study-work-service program for young people in the freshman year of high school.

Maternal health

Chronic illness or impairment in the mother added to the hardships of families in Ohio's depressed Appalachian region but apparently did not keep the families from functioning, according to the findings of a study conducted by the School of Home Economics of The Ohio State University, with support from the Children's Bureau. The investigators—Ruth S. Deacon, Francille Maloch, and Ann Bardwell—studied 402 families, half having mothers who were chronically ill or had mental or physical impairments and half with mothers apparently in good health, to determine their home situations, their patterns of functioning, the effects of the mother's condition on family solidarity, and the community resources available to these families.

The families with chronically ill or impaired mothers ate fewer meals together than the other families, but this was the only indication the researchers found of less family solidarity among them. No significant differences were found in the two groups in the tasks performed by the mothers, decision-making patterns, or family stability. However, the amount of cooperation in the family increased with the degree of the mother's disability.

While all the families studied were economically deprived, the families with ill mothers had more problems than the others. They had less income, more children, and less education; more of them included ill fathers; and in more the breadwinner was unskilled and out of work.

In about a third of the families, the mother expressed a need for more help in one or more aspects of personal functioning. The four physical conc
tions the study found most frequent
were mental or nervous conditions, pe
tic ulcer or other digestive distur
ances, heart trouble, and genitourina
problems.

Unmarried parents

The establishment of a comprehensi
program offering academic, health, an
social services to all unmarried paren
in Rhode Island and the introductio
of courses in family life in every scho
in the State have been recommended b
a committee set up in the Rhode Islan
Council of Community Services, Inc
to study the service needs of unmarrie
mothers who plan to keep their babie
The study was made in late 1967 at th
request of the Rhode Island Depar
ment of Social Welfare.

The 14-member committee worke
with the council, various agencies withi
the State that deal with unmarrie
mothers, and consultants from th
Children's Bureau and the National U
ban League. It found that current pr
grams are now directed mainly to ur
married mothers who plan to give u
their babies for adoption and provid
little help for others.

The committee estimated that eac
year Rhode Island has more than 80
new unmarried mothers who need som
form of help, many of whom plan t
keep their babies. For example, it foun
that of the first 315 unmarried mother
provided obstetrical care in the mater
nity and infant care project at St. Jo
seph's Hospital in Providence, 16
planned to keep their children.

Among the committee recommenda
tions for immediate action were: crea
tion of an experimental interagenc
team to provide comprehensive help fo
100 unmarried mothers, with service
for the fathers of their babies and th
families of both, as a first step towar
a statewide comprehensive program
continuation of the State Department
of Social Welfare's service to help unmarried parents on public assistance; the holding of community-wide meeting
to inform the public about the educational, emotional, and social needs o
unmarried parents; and the provision of various kinds of housing arrangements for unmarried mothers—including public housing, foster family homes, and group homes—with day care, homemaker, and babysitting services.

These and other recommendations are ntained in the "Report of the Study ommittee of Services to Unmarried rents Where Placement of the Child Not Planned," issued recently by the hode Island Council of Community rvices. (Price $2, from the council, 0 Grotto Avenue, Providence, R.I. 906.)

hild development

Children of low birth weight are more kely to have neurological impairments at interfere with intellectual developent than children of normal birth eight and they do not catch up with ormal children in later years, accordg to the findings of a 12-year longiudinal study made in Baltimore of 992 hildren, 500 of whom weighed less than 500 grams (5.5 lbs.), completed in 966. The director of the study was erald Wiener, associate professor in he Department of Population and Famy Health, Johns Hopkins School of ygiene and Public Health, with a rant from the Children's Bureau.

The study began with 500 children ho weighed 2,500 grams (5.5 lbs.) or ess at birth and 492 children who eighed more than 2,500 grams. These hildren represented all socioeconomic roups in the city. Except for a few who ied or were lost sight of in the interening years or who were eliminated rom the study because of gross physical efects or mental illness, most of the hildren were examined at the ages of 9 to 41 weeks, 3 to 5 years, 6 to 7 ears, 8 to 10 years, and school data ere obtained at 12 years.

Among other findings were these:

- At 40 weeks, about half the chilren (51 percent) in the smaller birth weight group and a quarter of those who ad weighed 1,500 to 2,500 grams at irth gave evidence of some intellectual r neurological abnormality as comared with 13 percent of those of normal irth weight.
- The degree of impairment among Negro and white children of low birth weight was about the same.
- At all ages, the degree of impairnent increased with decreasing birth weight, regardless of race or socioeconomic status.
- The series of examinations consistently showed that low birth weight was a predictor of slow or retarded inellectual development for a significant number only when associated with neurological deficit.
- Apparently low birth weight adversely affected arithmetic achievement more than reading achievement.
- However, most of the low birth weight children were not impaired.

· · ·

The development of 1,000 children of unskilled workers in Denver is being closely studied at the University of Colorado School of Medicine with a view of devising a more sensitive screening test than any currently available for detecting abnormal development in such children. The investigation is being undertaken by William K. Frankenburg, M.D., who with Josiah B. Dodds, designed the Denver Developmental Screening Test, a device making it possible to quickly compare a child's development with that of other children of the same age in four areas: gross motor; fine motor-adaptive; language; and personal-social.

The Denver Development Screening Test, which has been endorsed by the American Academy of Pediatrics, consists of 105 items of behavior, or tasks, and shows the ages at which 25, 50, 75, and 90 percent of 1,036 healthy Denver children performed each task well. When the test items were applied to the 1,036 healthy Denver children, few differences showed up in the rates of development in the first 2 years of life between the children of parents in different occupational groups; but after the age of 2, the children of white-collar workers performed on several language items at an earlier age than the children of unskilled workers.

The present effort to develop a separate screening test for use among children of low-income groups is being supported by a research grant from the Division of Research Facilities and Resources, National Institutes of Health, as was the development of the standard screening test.

Child welfare

The quality of the physical setting in a day-care center is closely associated with both the teachers' behavior and the children's response to the program, according to the findings of a study of 50 public, voluntary, and proprietary day-care centers in Los Angeles County, Calif., completed in late 1967. The investigators found that the higher the quality of the physical setting (as measured by roominess and type and organization of equipment), the greater the sensitivity and friendliness of the teachers, the more encouragement of a nonroutine nature they gave the children, and the more interest shown by the children in the program. The factor of encouragement from the teacher, however, was even more closely associated with a positive response from the children than was the quality of the setting. Freedom to choose activities was also closely associated with an interested response to the program. All of these factors showed an association with the leadership style of the director.

The investigators found that the centers on the whole could be characterized either by "freedom" or "restraint." In centers characterized by "freedom," teachers and directors were warm toward children and encouraged creativity and experimentation. In centers characterized by "restraint," teachers and directors tended to be aloof and to stress conformity; they provided care and gnidance but little else. Few teachers made extensive use of both encouragement and restrictions; rather they tended to use one style or the other in dealing with the children.

The study, which was sponsored by the Pacific Oaks College, Pasadena, Calif., with a grant from the Children's Bureau, was carried on by Elizabeth Prescott, Elizabeth Jones, and Sybil Kritchevsky.

· · ·

In fiscal year 1968, the Children's Bureau awarded $5.7 million in child welfare training grants, in the sixth annual series of such grants since their authorization under the 1962 public welfare amendments to the Social Security Act. These grants to institutions of higher learning to train social workers for the field of child welfare included 774 traineeships to support graduate education leading to a master's degree in social work and 50 traineeships for training beyond the master's or study leading to the doctoral degree.

Teaching grants were made to 69 schools of social work to employ 175 faculty members.

Grants were also made to fund 10 short-term training projects, including seminars, workshops, institutes, and conferences.

IN THE JOURNALS

Evaluating failure

Because residential institutions for juvenile delinquents are characterized by high rates of "potential failure," it might be relevant to evaluate the degree of failure—instead of success—of an institution's program, says Paul Lerman in the July 1968 issue of *Social Work.* ("Evaluative Studies of Institutions for Delinquents: Implications for Research and Social Policy.")

The author, who is assistant professor at the Columbia University School of Social Work, questions the custom of measuring success of institutions by determining whether boys released from custody have refrained from known law violations. It is the task of evaluative research to demonstrate that the institution was actually responsible for the boys' successes or failures, he maintains.

In counting successes, many institutions simply ignore all boys who leave before the institution has judged that the boy is ready to return to the community. This gives a biased picture, Mr. Lerman says. For example, he found that one private institution in New York calculated its failure rate at 34 percent by excluding all boys who did not "complete treatment," including those sent to State correctional or mental institutions, and "runaways"—yet this group totaled 31 percent of the institution's population. The institution's failure rate was 54 percent when the author counted the group that was previously ignored.

Smoking among teenagers

Figures from a recent telephone survey among 4,414 teenage boys and girls when compared with previous studies show that the proportion of teenagers between the ages of 12 and 18 years who smoke regularly has declined over the past 10 years among both boys and girls, reports Daniel Horn in the June 1968 issue of *Public Health Reports.* ("Current Smoking Among Teenagers.") The survey was conducted by the Chilton Research Services of Philadelphia for the U.S. Public Health Service between December 1967 and February 1968.

According to the survey findings, in some age groups the decline was as much as 10 percent. An average of 14.7 percent of the boys (one in seven) and 8.4 percent of the girls (one in 12) reported that they smoked regularly. An average of 2.7 percent of the boys said they smoked regularly on a weekly basis, 12.0 percent, daily; 2.0 percent of the girls, weekly, 6.4 percent, daily. By age, the percentage ranged from 1.3 percent of the boys and 0.3 percent of the girls 12 years old to 35.5 percent of the boys and 21.3 percent of the girls 18 years old.

The author notes that having parents or brothers or sisters who smoke, performing below average in school, and having no plans to go to college are still factors associated with smoking among teenagers.

Most teenagers are aware of the health hazard of smoking, according to the author—91 percent in the survey said they felt smoking was harmful to health; 4 percent, that it was not; 5 percent, that they did not know.

Hospitalized children

How hospitalized children are helped to allay their fears of hospital procedures is described by Madeline Petrillo, a mental health consultant at the New York Hospital-Cornell Medical Center, New York City, in the July 1968 issue of the *American Journal of Nursing.* ("Preventing Hospital Trauma in Pediatric Patients.")

Under the program, nurses work with young patients and their parents to turn a passive hospital experience into an active one by encouraging the children to carry out such activities as bandaging a doll, giving the doll injections with a real syringe, and drawing pictures of how a feeding tube or medical equipment being used in them works. Each child is also encouraged to tell the nurse why he came to the hospital–and so to reveal his fears and fantasie

The author describes her work wit Paul, a 5-year-old boy hospitalized fo urologic surgery who staged frequen tantrums. She gained his confidence b drawing him a picture of his physica defect and how surgery would correc it. She also taught him about the placement anad purpose of tubes to be use after surgery and explained what additional treatment he would need. Because of noticeable improvement i Paul's behavior, a nursing team developed a general plan using models an drawings to prepare children for urologic surgery and later another tea adapted the plan for children undergoing heart surgery.

Negro demands in education

The recent demands of the Negr community concerning education fro kindergarten through college and thei implications for the schools now and i the future are discussed in a series o four articles under the heading "Th New Mood of Blackness" in the July-August 1968 issue of *Southern Education Report.* In their discussions, th authors of these articles quote and describe the actions of Negro leaders, students, parents, and educators in makin known the demands of the Negro community for "a more influential role i directing the educational process and a more relevant education for Negr people."

The first two articles, "Theme an Variations," by Jim Leeson, and "Community Control," by Robert F. Campbell discuss the meanings of the "new blac mood" and report on developments i the elementary and secondary schools particularly in the area of communit control of schools (curriculum, budget personnel, and educational policy). Th third, "Colleges: An Imprint Already," by Erwin Knoll, is concerned with th black power movement and demonstrations in colleges and universities during the 1967–68 academic year and the steps that have been taken by these institutions as a result. The fourth, "The Past and Its Presence," by William Lore Katz, discusses the teaching of the history and culture of Negroes and othe minority groups in public schools i ghettos and in integrated neighborhoods and the methods by which this shoul be carried out.

NOVEMBER • DECEMBER 1968

Boston Public Library
Superintendent of Documents
NOV 22 1968
DEPOSITORY

children

Coordinating Professional Efforts

Volunteers With School Groups

Family-Centered Child Placement

A Social Worker in Maternity Care

VOLUME 15 • NUMBER 6 • NOVEMBER–DECEMBER 1968

children

AN INTERDISCIPLINARY JOURNAL FOR THE PROFESSIONS SERVING CHILDREN

The Developmental Approach to Social Challenges 210
Wilbur J. Cohen

Coordinating Professional Efforts for Children With School Problems 214
Saul L. Brown

Integration of the Family into the Child Placement Process 219
Sidney Z. Moss

Student Volunteers as Group Leaders in Elementary Schools 225
Mae Skjoiten and Robert M. Bartlett

Mothers' Wages—One Way To Attack Poverty 229
David G. Gil

A Hospital Social Worker in a Maternity and Infant Care Project 231
Samella B. Everett

Preschool Programs for Disadvantaged Children 236
Sylvia Krown

New Perspectives on Youth 240
Catherine V. Richards

book notes 242
in the journals 243
here and there 244
readers' exchange 247

The bond of love bridges a three generation gap between two Americans—a Dakota Indian baby and her great grandmother. The baby's future, and perhaps the future of this Nation and the world, may depend, in great part, on whether children can be assured the kind of early childhood conducive to healthy physical and mental development. (See pages 210 to 213.)

children

National Advisers to CHILDREN

David B. Ast, *dentistry*
Edwin M. Gold, *obstetrics*
Herman R. Goldberg, *education*
Beatrice Goodwin, *nursing*
Ira J. Gordon, *psychology*
Robert J. Havighurst, *youth development*
Robert B. Kugel, *pediatrics*
Hylan Lewis, *sociology*
Patricia G. Morisey, *social work*
Sanger B. Powers, *corrections*
R. Gerald Rice, *maternal and child health*
Virginia Richardson, *child welfare*
Albert J. Solnit, *psychiatry*
Walter J. Wadlington III, *law*
Franklin M. Zweig, *community planning*

Children's Bureau Staff Advisers

Will Wolstein, *chairman*
Division of Social Services

Grace M. Angle
Office of the Chief

Dorothy E. Bradbury
Division of Reports

Kenneth S. Carpenter
Division of Juvenile Delinquency Service

Hyman Goldstein
Division of Research

Jane S. Lin-Fu
Division of Health Services

Editorial Staff

Kathryn Close, *Editor*

Mimi Simms, *Associate Editor*

Mary E. Robinson, Willamena Walthour, *Assistants*

The Secretary of Health, Education, and Welfare was the chief U.S. delegate to the first International Conference of Ministers Responsible for Social Welfare, convened by the United Nations in New York, September 3–12, 1968. As the condensation of his address presented here indicates, he stressed . . .

In a world with many differences, huma problems and potentials are common threads Every country is involved in efforts to mee the needs of its citizens. Each nation is challenged t develop its human resources to the fullest exten possible. Certainly the tasks that confront the worl in taking up this challenge are not identical fo all nations. They do, however, have importan similarities.

For this reason we in the United States were greatly pleased when U Thant, the distinguished Secretar General of the United Nations, announced that a International Conference of Ministers Responsibl for Social Welfare would be convened. The convening of this conference marks a new stage in international development. It highlights the priorit which member states assign to national programs fo meeting human needs. The social service sector, long a junior partner in the international family, i finally achieving the stature and visibility consisten with its place in national governments.

Our countries are confronted with the task of resolving and preventing complex social and economi problems. We are looking for ways to encourag healthy social and economic growth; to provide constructive employment opportunities for those wh can work and social services for those who suffer from the major hazards of life. We are searching fo

the DEVELOPMENTAL APPROACH to SOCIAL CHALLENGES

WILBUR J. COHEN

new ways of enriching the experience of children, for more effective methods of dealing with the social needs of families in crowded urban areas, for better methods of enlisting wider participation of our citizens in planning social services. We are looking for improved ways to meet the challenges of persistent poverty, of discrimination, of urban and rural neglect.

We are, in other words, attempting to create societies which maximize the independence, self-reliance, and self-respect of all citizens—

- societies which are truly open, in which every individual has the opportunity to develop to his fullest capacity;
- societies in which every man and woman has the opportunity to earn an adequate living and to enjoy the good life;
- societies in which conditions that stunt human development and prevent personal fulfillment no longer exist;
- societies in which every person has the freedom to choose among many options—in work and leisure, in homes and in friends—indeed, in the purpose of life;
- societies in which individual dignity is enhanced and the human spirit liberated.

Despite limited resources, the past achievements of the United Nations in advancing social services in many parts of the world are impressive. The rapid growth in social programs, especially in newly developing areas, can be attributed in part at least to the excellent cooperation between national governments and the United Nations headquarters and regional personnel. Results of this cooperation can be seen, for example, in the existence of well-established national social service structures, in more than 100 schools of social work throughout the world that have been strengthened with U.N. assistance to prepare staff for expanding social service programs, and in demonstration projects testing new combinations of services and imaginative uses of nonprofessional workers. Certainly one worldwide social need is for additional social service personnel at all levels of training and competence.

Developmental services

Those of us who share the responsibility for improving the social services of our countries are faced with many challenges. One of the broadest and most important of these is the challenge of planning and implementing social service programs in the context of national development.

One way of meeting this challenge is by expanding the developmental approach to service. In this approach, the social welfare field does not wait for its work to be created by default, but rather attempts to direct part of the social resources toward efforts to enhance the content of living; to strengthen individual and family development: to provide social opportunity as well as social security.

Too often in the past social programs have focused on remedial action after economic and other changes have created social and economic problems. With the speed of modern development, social programs must increasingly stress preventive services and constructive actions. Today, as never before, we must both envision how society is going to be in the future and take steps to assure individual and family well-being in changing conditions. To do this we need a clear understanding of present social conditions and of how these conditions change. We need ways of measuring the magnitude of social problems and methods of evaluating the effectiveness of different attempts to deal with these problems.

Unfortunately, most existing social data in the United States are byproducts of the need for accounting and administrative routine. They tell us more about the operation of organizations than they do about the condition of society or the effectiveness

A group of children in a play period in a nursery school. The importance of preschool education to child development is receiving increasing attention throughout the world.

of programs. We need better social data and strengt ened social research resources—both nationally an under United Nations auspices—to do the most goo with the social service resources that are available anticipated.

Early childhood development

One area in which we in the United States are usin a developmental approach is early childhood. We a attempting to provide positive experiences and en vironments for children that will prepare them fo healthy, productive, and meaningful lives as adult

As in many countries, the thrust of our current e forts and of our proposals is the creation of a com prehensive set of services available to all childre These health, education, and social services are to b family centered and interrelated. They are not d signed to be remedial programs responding to prob lems that already exist, although important rem dial services, such as income maintenance, are bas elements to any comprehensive plan. Instead, the are intended to anticipate and remove conditions th have a high probability of presenting future prob lems. Their ultimate goal is to prepare a child t take full advantage of his talents and to develop a his potentials.

The development of healthy children begins wit the provision of adequate prenatal and postnatal car for all mothers and infants. Important emphas should be given to providing high quality medic care for all children in their early years to preven disease, cure illness, and correct handicaps. Ofte conditions, such as visual defects, that could lead t permanent damage and disability in later life ca be either prevented or corrected in children at a early age.

Some of the most promising new ideas in the fiel of child development relate to early learning abil ties. There is a growing body of knowledge that ver young children can be stimulated to learn far mor than has been expected in the past. The experienc of day care centers in many countries, and of Projec Headstart in the United States, has demonstrate what can be done for children in the immediate pre school years. We hope to see such programs conside ably extended.

The opportunities are unlimited. There is room t go far beyond the traditional school setting to hav an impact on learning and motivation. We can tak advantage of the knowledge and skills of many pro fessional groups and of the active participation o arents, neighbors, and other children. A concerted ffort must be made to involve parents in these prorams and to give them a significant voice in the ecisions affecting their children's health, education, nd welfare. This would strengthen the home and aise the quality of family life.

trengthening family life

In the final analysis, a central purpose of our eforts in child development, as in other social service fforts, is to enhance the quality of family life. The amily has been and continues to be the basic social nit in society, and social services seek to strengthen t and preserve its integrity. The many excellent coperative projects developed by the United Nations nd the United Nations Children's Fund (UNICEF) ave had as their primary justification that they erve as a first step in developing organized national ystems of social service to preserve and strengthen amily life and foster opportunities for the healthy rowth of the personalities, abilities, and social habits f children.

In this regard, we would like to see mothers become s well versed in the skills of preschool education s they are in the skills of homemaking. The home vould become an increasingly productive educational nvironment. If we are to meet the challenges of child levelopment, vital learning experiences should be rought to children wherever they are and in all heir activities. We must bring encouragement and notivation to each child by helping him experience sense of achievement, of being able to deal with the nvironment, and, thus, develop a willingness to rapple with problems and seeks solutions.

To do this, we must be concerned with the whole hild and all the factors that relate to his potential. Iealthy development depends on the parents and ther members of the family, the neighborhood, the urroundings, the school, and the attitudes of perons who influence the child.

Social services and social work skills have made ignificant contributions to these efforts in behalf of he health and education of children, and they will e called upon to make more. In the United States, ersons and agencies working in the fields of health, ducation, and social service often benefit from close ooperation with each other. For example, many day are programs have important education, health, and social service components. Social work skills are used in working with the children's parents to involve them in the program and to mobilize their support for its efforts. Similarly, social workers are being used in health programs to assist mothers in the use of health services, to assure that the parents of prospective patients are aware of the services that exist and are able to use them. This type of cooperation is vitally important.

The potential for successful cooperation among persons working in the health, education, and social service fields is, perhaps, greatest in the area of family planning. One of the most important determinants of healthy child development is a child's feeling of being wanted by his parents. Family planning services available to all parents on a voluntary basis can contribute significantly to the well-being of families, and so of children, by preventing unwanted pregnancies.

International cooperation

Modern knowledge of early childhood development raises questions about what blend of developmental, preventive, and remedial programs is appropriate in any one particular national context. This suggests the value of exchanging experiences and knowledge between countries and the importance of extending and strengthening technical cooperation and research efforts. It points to the need for more extensive social service planning in the related areas of health and education as well as in all areas of national development. Finally, and implicitly, it points to the need for trained manpower to implement social service programs effectively at all levels.

Programs in early childhood development can make significant contributions to the economic and social vitality of a nation. Societies need healthy economic growth to offer their citizens opportunities for constructive employment and social service programs to protect and strengthen those who suffer from the major hazards of life.

There can be no question that the nations of the world are confronted with complex and challenging social problems. The United Nations has an important and increasing role to play in their resolution. Through the Conference of Ministers Responsible for Social Welfare it can make a lasting contribution to the well-being of individuals wherever they live.

coordinating professional efforts for children with school problems

SAUL L. BROWN, M.D.

Within the broad range of mental health services for children, four disciplines frequently intersect: special education, clinical psychology, clinical social work, and psychiatry. Representatives of these professions constitute the major portion of practitioners in the mental health field. Mutual respect and acceptance among them is steadily increasing, but it does not always come about easily. It requires a consistent effort and a place where such an effort can occur.

One place the four mental health professions may come together is the school, public or private. A place where they *must* come together, I believe, is the specialized school or the specialized classroom for children with major educational or behavioral problems, or both.

Another place for such coordinated professional effort is the modern psychiatric clinical center whose services include day care and inpatient programs for disturbed children. In such centers, special educators (increasingly referred to as "educational therapists") are core participants along with psychologists, nurses, psychiatrists, and clinical social workers. Also in these settings various specialists in art, drama, music, physical education, dance, and other activities provide a mixture of educative-therapeutic experiences for patients.

Professional persons working both within and in relation to these "community mental health centers" need to evolve efficient and yet flexible methods of communication. Children coming to such centers may spend only part of each day there while still enrolled in school, or they may spend a full day in the center. In either case, the clinical work with them needs to be effectively integrated with their school and other educational experiences.

In many psychiatric hospitals and residential treatment centers where therapeutic milieux have been developed, the clinical experience provides a model for interprofessional communication. Many of the following observations are drawn from such clinical experience.

The common task

It may be useful to differentiate between professional persons for whom education is the primary mental health focus and those for whom therapy is the major focus, even though their activities overlap. What special educators and the therapists face in common, regardless of the setting, is a child with a history of failure who has developed subtle means for avoiding and covering up a badly damaged self-esteem, who is often angry, easily panicked, easily rustrated, and frequently depressed. Usually such a hild has parents who, even if they have in many vays provoked the child's difficulties, are also victims of those difficulties. They usually have developed heir own special brand of guilt feelings, defensiveness, hostility, impatience, or other reactions to their frustrations. These traits operate in vicious circles and not in a direct line of cause and effect.

The first task for the mental health professional, whether a specialized educator or psychotherapist, is to become meaningfully involved in the problems of the parents and child without becoming locked in a *new* set of vicious circles with the child and his parents.

How is this kind of objective involvement to be achieved? The best way I know is through a repetitive working out together of a common professional purpose by all who are concerned: the child, the mental health professionals of various types working with him, the school administrator, the parents, the welfare worker if the family is receiving some form of help from the welfare department, and the pediatrician, probation worker, or public health nurse if such persons have also been concerned with the child. How is this coming together to be achieved? Who is to engineer it? Where should the initiative come from? What sort of expertise is needed?

Items for integration

Too often professional persons drift into comfortable channels of function that, little by little as the years go by and their youthful zeal diminishes, become rigid and are then rationalized as necessary. There is no better antidote for this tendency than open-ended, problem-centered, small group discussions, encouraged from the administrative top but pushed for from the working staff below. Organizing dynamic interprofessional group discussion and planning is certainly not easy. But unless it is done, an enormous amount of professional energy may be spent in separate settings—classrooms, play therapy rooms, psychological testing offices, or whatever—with little accomplished.

Following are some basic items around which I believe educative intervention and therapeutic intervention need to be integrated:

1. *Picking up the problem where it is.* In some instances, the child and his parents are well oriented to their educational problems and are able to enter into a reparative program of education and, perhaps, psychotherapy. In most instances, however, parents and child need to be "worked with"; that is, their feelings of frustration, shame, anger, mutual accusation, and hostile defensiveness need to be met before they can settle down to the educational task or the therapeutic undertaking considered necessary for them.

Those of us who work professionally with emotionally disturbed children constantly talk about "meeting the child and his parents where they are." To do so requires the development of rapport with the child and the parents so that they will *feel safe with us.* The route to creating a feeling of safety in some children or their parents is to be tentative, easy going, and low-pressure; in others, to be methodical and even compulsive in early dealings with them; in a few, to be dogmatic.

Thus the professional approach has to be flexible and derived from diagnostic appraisal. It should not be a rote procedure applied according to formula, nor, on the other hand, should it be merely subjective and determined only by the here and now. It must be based on some understanding of why the child and parents behave as they do. This leads to the next item.

2. *Diagnosis and the needs now.* The diagnosis itself should not be rigidly fixed. If it is really to fulfill a purpose, it needs to be a framework within which pertinent and usable modes of action can keep evolving on behalf of a particular child *now*, at a specific time, and from one phase to the next. Because, the "now" is always shifting, group planning and discussion are clearly required for a meaningful diagnosis. Through group discussions many variables can be recognized and weighed. If the problem is to be met where it is, the diagnostic approach must include not only the traditional psychological and psychometric data, but also a sensitive appraisal of how the emotional life of the total family organizes around the particular child under study. Moreover, a simultaneous estimate needs to be made of the emotional level on which the authorities at the child's school are operating *now* in relation to the child and his family.

All of these factors need to be considered by the professional person who is working in a mental health clinic or a private office when making a diagnostic evaluation of a child with problems in learning and school adjustment. Similarly, the special educator or school psychologist is more likely to help the child succeed if his plan for the child is based on consideration of all of these factors, not simply on a psychometric-psychodiagnostic study.

One way to make this possible in a special educa-

Saul L. Brown, M.D., has been chief of the Department of Child Psychiatry at the Cedars-Sinai Medical Center in Los Angeles since 1962. He is on the faculties of the University of Southern California School of Medicine and the Southern California Psychoanalytic Institute. He is particularly interested in family interviewing and family therapy as well as the group process and the team approach to problems of children.

---

tion school is through at least one preliminary meeting of the child, his parents, and those mental health professionals who are or will be involved with the family. In such a session, everyone together focuses attention on what the educational problem is, how the family views it, and how the therapists—if any are involved—see it. This reduces the overload of expectation that may be placed on the educators, it helps set goals as well as define limits, and it helps the child see why he is in the situation at all. Clearly, the leadership of such diagnostic-planning sessions must be carried by a sensitive, professionally trained person who is responsive to the needs of each of the participants. Although this is time consuming in the beginning, it prevents a greater loss of time from occurring later because of misunderstandings and poorly defined objectives.

3. *Resistance to change.* The common professional objective of all of us who work with emotionally disturbed children is to facilitate constructive change. To achieve this, we need to identify and sort out the more significant and potent areas of resistance to change. We cannot always do something about it, but designating the nature and locus of resistance shows us what we are up against. This kind of designation is really a process. It cannot be done once and regarded as a finished product. As new events occur and new observations are shared by the various professional persons involved, we can arrive at a relatively consistent series of actions to be taken. Again, when this process is focused on a child with problems of learning or school adjustment, it needs to be a group process.

If, for example, the child's parents manifest an attitude of protective defensiveness over his learning problem, the professional persons concerned need to define this as a first resistance to change. Doing so is a part of the diagnosis. It means that a unified approach to this resistance must be worked out by all who are involved in the case before efforts are made to define a particular educational or therapeutic program for the child.

Or if the school personnel, including teachers, principals, counselors, janitors, office clerks, school nurses, and others have become stirred up by the child's behavior to feelings of rage toward the child or his family, this state of affairs has to be recognized as a resistance to change that needs to be dealt with.

Similarly, if a professional person working in a psychiatric center has met with frustration in his effort to involve the parents or child in psychotherapy, this fact must be a part of the diagnostic formulation shared with the school authorities.

In one case, for example, the parents were convinced that their distractible 10-year-old son had minimal brain damage. One pediatrician thought he might have such brain damage, but another doubted it and referred the parents to the psychiatric center. It became clear that the entire family needed psychotherapy and that the boy needed a special educational experience. The psychotherapist felt unable to get through to the parents, however, and made this known in open group discussion to representatives from the school with the parents and boy present. He was careful not to be critical. He simply reported his impressions.

This frankness on the part of the psychotherapist allowed the educators to move into the situation, using the therapist's comments as a baseline for dealing with the family's resistance. Psychotherapy was postponed, with everyone's agreement. But the parents, the child, and the school authorities all were in on the plan and each shared responsibility for it. At a later date, when the school administrator confronted the family with the fact that progress was not occurring in spite of the educational efforts, the parents seemed more open to using psychotherapy. They began this jointly at the clinic after attending a clarification conference with their child, the school administrator, one of the teachers, and the psychotherapist.

The other side of the coin from designation of areas of resistance to change is designation of positive factors for change. Certain persons in the school—perhaps a maintenance man, a more senior student, or a clerk—may have a closer relationship with a specific child than do his teachers. If so, this fact should be made an active element in the diagnostic formulation. The person should be asked to participate in the periodic joint planning sessions. This process is often carried out in residential treatment centers and progressively administered psychiatric wards.

In one such instance at a private school for emotionally disturbed children, the clerk-receptionist had developed a warm relationship with a very timid 11-year-old girl. When the staff became aware of the relationship, the clerk was included in

its conferences relating to this particular child. The clerk's role as a therapeutic agent became defined, thus averting a too personal involvement but also amplifying her usefulness to the total professional effort. At one point, the child's parents seemed about to separate and she developed a school phobia. The receptionist was the staff member most able to reach her in the acute phase of her phobia; through well-timed use of her relationship with the child, a severe school problem was avoided.

Much more might be said about meeting resistance to change and facilitating change. For example, it is important to understand what authority means to a particular child through observations of how authority is used in his family; or what language means to him through observations of how language is used or manipulated in his family: or what curiosity means to him, again, as it is handled in his family. All of these factors enter into diagnosis as an instrument for action in the educational therapeutic process. But no diagnostic statement about any of these factors is useful unless it is discussed and clarified in group meetings by everyone who is professionally involved with the child.

For example, when a child compulsively fights against authority, this becomes a resistance to change in the school environment. When the professional persons are able to define this area of resistance, through group discussion, it shifts the problem from a one-to-one battle between the child and each adult in the school to a coordinated group concern. The new perspective leads everyone who deals with the child to meet his provocations in a uniform way. If these persons also understand the origin of his problem through having met together with the parents, or the whole family, an even better professional group approach to his behavior may evolve.

4. *Shifting loci of resistance.* We are coming to realize that the existence of a major learning disorder or school adjustment problem in one child often serves a psychological function for various members of his family; that is, it enters into and defines, in some degree, the intrafamilial dynamics. Regardless of its ultimate cause—intrapsychic, organic, or whatever—the very existence of a learning problem in a child becomes a dynamic force in the family life. Much of the family psychology and emotionality concentrates on it. If, therefore, certain educational measures succeed with the child, they may paradoxically affect the family in a negative way. A new area of resistance to constructive change, even a dramatic crisis, may suddenly emerge. Clinical observations have been made of families in which deep depressions or psychotic reactions have occurred in one parent following a child's definite improvement. Sometimes a psychosomatic regression develops in one member of the family or in the child himself as the learning disorder disappears. Occasionally a severe marital crisis erupts.

Often as a child begins to improve educationally, the emotional threat to other members of the family leads them to act out their hostile feelings against the educational institution or against the child's therapist, if there is one. Sometimes, too, a child becomes frightened of his own new competence and, out of his anxiety, regresses in some other area of functioning. This stirs up new problems, either in school or at home, with members of the family, the therapist, the teacher, or schoolmates.

It is exactly because resistance to change may emerge in new ways as change itself occurs that constant group reappraisal needs to be made in group discussions by the professional persons involved. Such efforts at group reappraisal, if they are to be valuable, cannot be haphazard.

A 9-year-old boy in a specialized school began to show marked progress in reading. At the same time, his overall concentration span also became noticeably greater and his hyperactivity decreased. His teachers failed to report these developments to the clinical social worker who was seeing the boy and his whole family in weekly therapy sessions. Suddenly, a marked regression occurred in the boy's school work and he became hostile and provocative to his teacher. His father called the school administrator to say that his son did not like the school and he was considering withdrawing him.

The administrator recommended a conference with the family therapist. A joint meeting was held of the parents and all the professional persons involved—two teachers (one a tutor), the school administrator, and the family therapist. The child was not included because the family therapist thought that what had precipitated the regression was an emerging marital crisis and that this could be more productively discussed without the child present.

In the meeting, the child's school regression showed up clearly as related to his parents' difficulties. The vivid way in which this was brought out allowed the family therapist to show the parents that because of their fear of facing their problems with each other, they had slipped back into using their son as a displacement object. No longer on the defensive, the educators redefined the boy's need for the special school and the parents accepted this. The parents also set themselves to working more actively on their problems with each other. The child's behavior in school quickly improved.

5. *Coordinating professional efforts.* Not only is the coordination of professional efforts in the combined educational-therapeutic process a major job, it may also be a full-time job. It requires a certain aptitude or talent, along with a sophistication about the many

subtle factors operating in the systems responsible for education and for therapy. The kind of group exchange described here needs constant reaffirmation by the persons in charge. Someone needs to be designated to bring it about. It cannot be left to chance.

Whoever exercises this integrative role needs to comprehend, with a minimum of personal or professional bias, the differing objectives of the purely psychotherapeutic undertaking and the purely educational classroom undertaking. He must be able to see them as interlocking rather than as being in a hierarchy of "more" or "less" value. The therapeutic objective is often, although not always, to uncover feelings. The therapist hopes to enlarge the child's capacity for experiencing, recognizing, and acknowledging feelings of various kinds. Often the one-to-one intimacy of play therapy facilitates this. We are learning that the family group meeting often does it even better. However, the process of unveiling feelings and exploring their ambivalent nature may not be realistic for a classroom. In fact, it hinders the work of the class. Moreover, it usually is not a process in which teachers are competent.

There is much room for a natural misunderstanding between teacher and therapist. The teacher, even in a very specialized school or class, may see his primary task as organizing objective information. The therapist, on the other hand, may see his task as pushing toward an awareness of subjective experience. The timing for each of these tasks is a matter for clinical and educational wisdom. It may be that they can both be done at the same time; it may be that one needs more emphasis than the other at a given time. To complicate the situation, the impact of the combined processes upon the family may call for a therapeutic approach to the parents at some point—an encouragement of self-observation and an active discussion of parent-child relationships. But a sudden and ill-timed pressure by the school on the parents to do this can be as harmful as a too early pressure by a therapist on the parents to look into their unconscious conflicts.

The coordinator needs to feel free to draw the therapists out while the professional group is learning the details of the educational scene for each child in treatment. He can then help to bring a balance into the picture.

For a teacher or school administrator to give certain information about the child's therapy to the parents at the wrong time can blow up the whole therapy process. Similarly, a therapist who allows himself to be pulled into a child's or his parents' distorted perceptions about what goes on at the school can blow up the whole educational experience.

The acting out of hostile feelings by child or parents needs to be viewed objectively by all professional persons concerned as part of a sequence of events that inevitably occurs whenever change is introduced. An objective perspective can be maintained if someone has the responsibility for periodically bringing all appropriate persons into a dynamic group review of what is going on. At times the whole family might usefully be a part of the group review. Such a decision must come out of professional collaboration and exchange. The following example illustrates how a "blow up" may occur when efforts are not coordinated.

A child in a special school for the emotionally disturbed was overly timid and could not invest himself in school work. He was usually depressed. His father had deserted the family 2 years earlier. The boy was seeing a therapist at a clinic weekly. Slowly he developed a discernible affection for his male science teacher. He offered to do errands and extra projects for him. The teacher was a genuinely perceptive young man, but he failed to understand his peculiar importance as a father figure for this boy. It did not occur to him to let the child's therapist know that he would be drafted at the end of the semester, and he waited until the last week of school to announce this to the boy.

The child showed no reaction at school to the announcement but he suddenly refused to continue his therapy sessions, and his mother withdrew him from therapy. The boy subsequently regressed in his school work and made no further progress. Only after a careful review of this case did the school staff realize what the sequence of events had been.

In this case, a careful sharing of data all along might have allowed the therapist to use the teacher's departure as a basis for helping the boy work through his feelings about his father's desertion. A valuable opportunity was lost and the educational progress was blocked.

THE FOREGOING describes a set of expectations for basic procedure in the rapidly enlarging areas of mutual effort by professional persons in behalf of children with learning and behavior problems. Much of what is emphasized is being carried out in a few places but the efforts vary widely in consistency and in clarity of purpose.

integration of the family into the CHILD PLACEMENT PROCESS

SIDNEY Z. MOSS

The customary emphasis in child welfare services has been on the child, but child welfare workers are now becoming concerned with the family as an important focus for service,[1] for the sake of the child. The goal of child welfare services is to keep children in their own homes whenever possible. When children cannot be kept in their own homes, their own families must be involved in all aspects of their placement—whether this is to be in an institution or in a foster family—if the crucial ties between parents and child are to be strengthened or maintained. While I will here discuss institutional placement, my emphasis on involving the family is equally applicable to foster family placement.

In current child welfare practice, the family is usually involved in the placement, but often only minimally. Too often the family as a whole is not included in the initiation of the idea of placement, in the child welfare worker's evaluation of whether it is desirable, or in the preparation of the child for the coming separation. However, with a family-centered approach to casework the child welfare worker could help the family play an integral part in each step of planning for the child, from the first consideration of placement until his discharge from the institution.

Family-centered casework is based on three theoretical principles:

1. The family is a psychological unit that can be conceived of and treated as a whole.

2. The child's pathology cannot be separated from the pathology in the family.[2] Thus the worker does not attempt to perceive or treat the child as separate from the family or conversely, to see or treat other members of the family as separate from the child.

3. A change in one part of the family may result in changes in other parts and in the whole.

Acceptance of these principles will change the caseworker's perception of the implications of placement and of the roles of the child and other members of the family in the placement.

In family-centered casework the members are interviewed together repeatedly, although individual members or combinations of members may also be interviewed separately. The questions the worker asks are somewhat different from those he would ask if he concentrated his attention solely on the child. For example, when a change occurs in the family structure—through birth, death, or otherwise—he will look for patterns of *family* coping rather than of individual coping.

The placement worker with a family orientation begins his evaluation by considering all the members of the family, not only those who apply for service or who live in the household, but also absent members. If other children are in the home, the child to be placed may ask why *they* are not being placed with, or instead of, him; and the children who remain at home may ask themselves analogous questions and wonder if they too will be sent away soon. Each child wonders why the child who has left was chosen to go and each has his security in the family shaken. The parents too must face such questions. In some

---

Based on a paper presented at State University of Iowa, Iowa City, Institute on Child Placement, March 28–30, 1968.

cases, of course, the child who is being taken out of the family may have a brother or sister who has already been placed outside the home, in the same or another setting. Or, it may be that the child being placed has no brothers or sisters. Unfortunately, little is known about the implications of placement of an only child for the child or his parents.

Thus the presence or absence of other children in the family can make a difference in the effect of the placement on the family and on the child. So can such other factors as the age and sex of the other children in the home and whether or not they are full or step brothers and sisters.

Similarly, the size of the family, the number of generations it contains, the sex, age, marital status, and relationships of the other family members also affect the child's and the family's reaction to the placement, their psychological functioning, and the interaction within the family.

After the decision for placement has been made, the worker can help both the family and the child deal with the interrelated necessities arising from the placement: (1) mastery of the loss, (2) adaptation to placement, and (3) use of the experience for psychological growth.

Whether to place

Before a child is removed from his home there are two stages in the casework process. First the family and the worker must reach a decision about whether or not the child is to be placed. If they decide for placement then the worker helps the family and the child to separate and to prepare to use the placement constructively.

In regard to reaching a decision, if the family initiated the idea of placing the child, a long step has been taken in the placement process—one which may have to be retraced and reevaluated. In joint interviews with all the members of the family, the placement worker can quickly become involved in the family dynamics; he need not wait to hear from each member about himself and the others and how they interact but can immediately observe and feel the true sense of the family. He can learn what the child and the family mean to each other.

Frequently the way the child's parents interact with one another is regarded as the key problem behind the family's or child's dysfunctioning. The worker can be sensitive to the quality of the parents' relationship, but can also see the way the child affects this relationship. He can also observe relationships within the family—between parent and child, the siblings, or representatives of three generations.

Understanding these aspects of family functioning is important, for situations often exist in which pathology in the family is lived through or thrust upon the child. The child may be a scapegoat as a result of the family's projection of all its frustrations upon him. He may be seen as a kind of negative family healer whose placement will save the family or as the sick one who will cleanse the family through his absence. He may be the substitute tacitly agreed upon to take the place of the truly disturbed member, perhaps one of the parents, or his ejection may unconsciously be designed to divert family attention from one member's pathology or from a pathological relationship within the family.

The child himself may carry the basic pathology. If so, family-centered casework can help the child, the family, and the worker to see more clearly the implications of the child's destructive behavior. If the worker believes that placing the child away from home will not be truly advantageous for him or for the family, he can direct the family to the kind of help most appropriate, whether this is to be aimed at one person or the entire family.

When the worker sees the whole family as the client, he is not likely always to see the child as the victim requiring rescue or the parents as overwhelmed and in need of relief from a tyrannical child. He will see the interlocking strengths and weaknesses of every member of the family.

During a series of family interviews, the members of the family repeatedly have to talk to one another about their problems, to feel their reactions to them, and to act out their feelings. In so interacting, a family oneness emerges that may reclaim the rejected child, allowing the family to wrestle as a whole with the problems presented by the presence of the child in the home. For the child welfare worker to work with the family as a whole provides a symbolic affirmation of family unity that may help keep the child at home.

It is important for the whole family, including the child for whom placement is being considered, to discuss together the pros and cons of placement before a decision is made. The child already knows about his family's attitude toward him since for some time he has been living with the idea of being placed, explicitly or implicitly expressed. The opportunity for him to express how *he* feels about this in a genuine encounter with his parents, perhaps for the first time, and for the parents to be confronted with the implications of removing him from their home, reduces the trauma of the idea for everyone. Dispelling the secrecy allows the members of the family to express their feelings, negative and positive. In doing so they may come to realize that the family will not fall apart when they are confronted with each others' negative thoughts. In many families the members live in fear that their hostile, aggressive thoughts will destroy each other or themselves, that they will lose control of murderous impulses or go insane.

Family-centered casework is not just observation of undisciplined family interaction. The role of the caseworker is extremely important. The worker brings to the sessions organization, control, calm concern, and a promise of help. In focusing attention on the problems in the family rather than limiting it to the child's need for placement, he not only releases the child from the center of concern, but helps the family to define the genuine issues threatening its solidarity and the most appropriate means of dealing with them. Alert to the resources of the community, he may suggest appropriate alternatives to placement, such as intensive casework, outpatient psychiatric treatment for the child or another member of his family, day care, or homemaker services.

Schulman and Leichter have reported on a project in which families were referred for family-centered casework from a child placement agency.[3] Each family had requested placement of a child away from home, and each had been judged by the intake worker of the placement agency as having "some strength" as a family and "marked ambivalence" in their feelings about the requested placement. After extensive family therapy only six of the 70 families decided to go ahead with child placement. And in those six, placement took place "under more favorable conditions than existed when it was first considered."

The project workers concluded that the need for placement was essentially a way of singling out a scapegoat—using the child as a substitute to carry a burden for another person in the family.

Keeping the child in the home with his family is, of course, not always the ideal decision, for there are situations in which the family pathology is too destructive to the child. However, even then helping the members of the family recognize their own feelings about each other can be the first step in helping both the child and family make the best use of the placement.

Preplacement planning

When the family has decided for placement, the time has come to look at their expectations of the placement and also at the worker's. Each may expect some kind of magic to occur. The child may feel that somehow the parents will change and after a while be able to accept him back in the fold. The parents may feel that their responsibility to the child is ended for the time being and that the agency will change the child or keep him indefinitely. The worker, too, may hope that somehow the placement, in and of itself, will automatically bring about a desired change in both child and family. The family and child usually show marked ambivalence in their feelings at this point. Each wonders whether the placement will really occur after all and the worker wonders, too.

If the worker has examined his own conflict about the separation, he can be helpful to the family and the child in this period. The family and child may react to the coming separation with a great deal of anxiety. They may anticipate the placement with feelings of grief and mourning for their expected loss of one another. If they repress these feelings, the trauma that comes with the actual separation may be intensified.

The professional literature has paid a great deal of attention to the suffering of the child as he leaves his family and his familiar environment. The child is going to be alone while the rest of the family remains together; he is going to an unknown environment which will have unknown expectations of him. With a shattered sense of identity resulting from his often longstanding rejection by his family, he has few inner resources to draw on, and the family's external supports have failed him.

What of the family's reaction to his impending departure? Only recently has literature begun to appear on this subject.[4,5,6] The family begins to mourn its loss of the child.[6] The parents feel that

---

idney Z. Moss is assistant professor of social work, Children and Family Unit, Community Mental Health Center, Department of Psychiatry, Temple University, Philadelphia, where his primary responsibility is training in the field of family therapy. He has had broad experience as a caseworker and supervisor in children's institutions, psychiatric clinics, and agencies that provide protective services for children.

not only have they failed their child but also that they have *done something* to him.

The grandparents have analogous feelings of guilt and shame. They feel that they have failed their own child in not preparing him to be a better parent. They may also resent him for having exposed their own inadequacy. Thus the grandparents may side with the child and seek to rescue him. Or they may withdraw altogether from the painful situation. The child's brothers and sisters may also react strongly. If they have not been involved in the family discussions, they may be very confused about their own security and the kind of feelings they should have toward their parents and the child to be placed. While its members are undergoing these feelings of guilt, loss, and confusion, the family as a whole begins to plan to reconstitute itself without one of its members. It begins to redistribute property and privileges and to shift its interrelationships.

During the preplacement period, the placement worker has much to do. If he has a family orientation, he is already aware of the range of problems which must be met at this time and the techniques to handle them. In discussions with the family as a whole he helps the members face the unreality of their magical expectations so that they can see clearly the realistic need for continuing to be involved with the child after placement. The worker enables the members of the family to understand and work through their anxieties about the separation. He helps them evoke and affirm their feelings of grief and loss. He encourages the child and each member of the family, as well as the family as a whole, to express their feelings so that each may know the feelings of the other and feel understood by the other. This process helps prepare both the family and the child to use the placement as an opportunity for growth.

While the child is away

When the child is placed, the institutional caseworker—who may or may not be different from the placement worker—continues with the family orientation. He and the institution together can provide a supportive framework in which the family and the child can work out the pain of separation. He can help them develop new integrative patterns for growing in relation to each other whether or not they will reunite at a later time.

A family orientation recognizes the importance of the child's daily life in the institution—particularly the cottage life, the child's relationship to the cottag parents and the other children and the various othe institution-based relationships in which he become involved. For example, the cottage parents may present the child with problems of dual loyalty, especially if they regard the child as a deprived child t be rescued from bad parents. The whole question o the role of the cottage parents in strengthening o weakening the child's relationship to his own parent needs a great deal more attention.

The worker with a family orientation will also b concerned about the relationships that the child develops with the other children in the cottage, for th child gives clues to his family relationships throug his behavior with his peers.

Zusman [7] has pointed out certain attitudes an modes of behavior that can be expected of any person newly arrived in an institution. Thus, the place child has to deal with the shock of being in a ne situation over which he has no control, with littl understanding of what is expected of him. In addition to being uprooted from his family and familia surroundings, he is suffering from extreme anxiet and intense feelings of guilt and loss. The institutional bureaucracy further strips away his sense o identity by informing him of regulations that equat him with amorphous others. He feels a societal stigm on himself and his family and this reinforces hi feelings of inadequacy. He is now "different" from al nonplaced children, including his own brothers an sisters. The caseworker, the institution, his family and the outside world perceive his behavior in th light of his new role as a placed child.

The child's parents may also strongly feel a socia stigma attached to them as "parents-who-have-placed-their-child"; each family member, in fact, becomes a representative of a "family-who-has-placed-a-child." At the same time the family is expected t keep in touch with the child and reorganize itsel without him, keeping a place open for his return an yet closing ranks sufficiently to function adequatel without him.

Although institutions have an obligation t keep in touch with each child's family and encourag it to maintain a tie with the child, institution vary considerably in carrying out this obligatio In the initial phase of placement nearly all institutions severely limit the parental involvement responsibility, and rights in regard to the child. Subsequently the institution may see the family as playing an auxiliary part: informing it about the family child relationships and supporting it in its service to the child. If the institution does not gradually increase the parent's involvement with the child, the parents face another paradox: they are encouraged to plan for the child's return home yet they are given little help in learning to master the responsibilities of parenthood and family life.

Maintaining relationships

The ideal goal of placement is to enable the child to return to his family. If the institution focuses its attention primarily on the child, further alienation between child and family may occur. The child may have grown in emotional stature and the family may also have grown; yet if they have not changed in relation to each other, the reunion may not work.

Even if the family and the child maintain little direct connection with one another while they are apart, they are not necessarily unconcerned about their relationship. The child may create fantasies about the other members of his family. Often he idealizes his parents, or he imagines that his brothers and sisters are having untold pleasure at home, or he thinks the family has forgotten him.

A child in placement who represses his feeling of guilt about being sent away from home and his grief for the loss of his family will not be able to establish meaningful relationships in the institution. His growth will be thwarted, his symptoms of emotional upset will hang on or be accentuated, and his ego will remain constricted.[8]

How can the institutional caseworker with a family perspective respond to these problems of child and family? His ability to help will depend on a belief in the institution's potential for strengthening the ties between the child and family and on his trust in the family's ability to work for new relationships with the child. With such a positive approach, he can help the family to become increasingly involved with the child—visiting him, writing to him, and taking on more and more responsibility for his welfare. The worker can help to bring this about by working with the parents and child together to help them realize and overcome their sense of guilt, loss, and grief.

Through the repeated interaction in family-centered casework between the child in placement and the other members of his family, each may individually give up the fantasies he has about the others, supplanting them with realities. As adult family members learn to accept the authority of the worker and the institution, they may be able to assert authority more effectively with the child. The worker can provide a new sense of order and direction in the family-child relationship as he sets expectations for each member of the family and holds to them. As he exhibits his trust in the family and child, they may gradually lose their sense of guilt and shame. The worker helps the family strengthen its sense of family identity by supporting both individuality and relatedness. He encourages the family to establish new adaptive mechanisms to prevent the creation of a new scapegoat and at the same time encourages them to keep a place in the family for the child.

Should it be decided the child cannot be reunited with his family, family-centered casework can be helpful in strengthening the ability of both the child and the family to admit and live with the need for permanent separation.

Discharge and after care

Evaluation and treatment of the family as a whole is extremely important in planning for the child's discharge from the institution and for his care afterwards. Before the child is discharged, the worker must see that the family and child have begun to work out a new relationship. He can find evidence of this most easily not through second-hand reports from family members but through first-hand observation of the interaction of family members with the child. The goal of placement is not to resolve all major conflicts in the family, but rather to help the family and child gain perspective on their relationship and to motivate them to work for a better one.

The family and child will both feel a sense of uncertainty as their reunion approaches. Joint interviews with the caseworker can give them an opportunity to test out their relationships before placement is terminated. As such interviews reduce feelings of anxiety, guilt, and dependency, the child may be more willing to give up the security of the institution to which he has become accustomed for the uncertainty of life in the family to which he belongs. However, after the child returns to the family the need for family-oriented casework may continue and in fact may intensify. The reintegration of the child into the family in a sense creates a new family system with new problems and new defenses, although earlier conflicts may not have been resolved.

The use of the family-centered approach has met with some resistance in the child welfare field, where the child has always been the central focus of attention although the parents have been recognized as a vital force in the child's life. I think that this is resistance not to change *per se* but to certain aspects of the family treatment method.

The classic casework model is the one-to-one relationship. The family approach represents a break with this model. Because the family is not one person, but a constellation of persons, it requires a different conceptual scheme for evaluation and treatment. In the family approach, with the child no longer the central focus of concern, the worker may feel guilty about deserting the child, for child welfare workers have long assumed a parental role along with their therapeutic role. A family orientation protects the child, but it marshalls the resources of the family to do this rather than depending on the worker.

The child welfare worker may also resist family-centered treatment because of unresolved conflicts with his own parental family. A family-oriented worker must be able to work simultaneously with children and adults and respond to the situation they are in rather than to his own conflicts. He must be able to handle, in a disciplined way, the discharge of people's feelings not only as they are directed to him but also as they are directed to others in family interaction.

To adopt a family orientation, the worker needs the support of his agency or institution. But bureaucratic organizations, like people, find change difficult, especially when it threatens loss of bureaucratic control.

The family also can be resistant to family-centered treatment. Its members may feel that the placement of the child relieves them of responsibility and so reject the intrusion of the agency. They may also resist the idea that they all have had a part to play in the problems leading to the child's placement and must all work together to resolve them. Some families are so resistant that to see all the members together the worker must go into their homes to work with them there.

THE FAMILY-CENTERED APPROACH offers a usefu method for dealing with placement issues. In calling for the involvement of all members of the family in all aspects of placement, it evokes untapped strengths from within the family. It provides a technique for learning about the parents' capacities for parenthood and the resources of the whole family; for determining the meaning of the placement request; for enabling the child and family to work through the separation trauma; for enabling important shifts of relationships to take place within the family; for supplying a solid base for determining whether or not the child and family should be reunited; and for insuring post placement experiences for the child that are conducive to healthy growth.

---

[1] Sauber, M.: Preplacement situations of families: data for planning services. *Child Welfare*, October 1967.

[2] Boszormenyi-Nagy, I.: From family therapy to a psychology of relationships: fictions of the individual and fictions of the family. *Comprehensive Psychiatry*, 1966.

[3] Schulman, G. L.; Leichter, E.: The prevention of family break-up *Social Casework*, March 1968.

[4] Mandelbaum, A.: Parent-child separation: its significance to parents *Social Work*, October 1962.

[5] Kline, D.: Services to parents of placed children: some changing problems and goals. *Social Service Review*, June 1960.

[6] Jenkins, S.: Filial deprivation in parents of children in foster care *Children*, January–February 1967.

[7] Zusman, J.: Some explanations of the changing appearance of psychotic patients: antecedents of the social breakdown syndrome concept. *Milbank Memorial Fund Quarterly*, 1966.

[8] Moss, S. Z.: How children feel about being placed away from home *Children*, July–August 1966.

From the web of interconnected factors which shape youthful behavior, two major themes appear again and again to guide national efforts to prevent delinquency. They are: (a) The need to involve young people with greater meaning, respect, and responsibility in those affairs of society which affect them, and (b) the need for our institutions to produce better education, strengthen family life, improve opportunities for employment, and make the activities of law enforcement and individual and social services more relevant and more accessible to those who need them most.

President's Commission on Law Enforcement and Administration of Justice, Task Force on Juvenile Delinquency: Juvenile delinquency and youth crime. Washington, D.C. 1967.

STUDENT VOLUNTEERS as GROUP LEADERS in ELEMENTARY SCHOOLS

MAE SKJOITEN • ROBERT M. BARTLETT

For the past 2 years junior college students have served in the public schools of Thief River Falls, Minn., as volunteer leaders of directed play activities for groups of four to six children who have had some difficulty adjusting to elementary school. Through crafts, quiet games, hikes, woodwork, playground, and conversation, the activity groups are designed to help the children develop positive feelings toward themselves, toward others, and toward school. These groups are the crux of a program jointly operated by the public school system and the Northland State Junior College in Thief River Falls, and the Northwestern Mental Health Center in Crookston, Minn., to identify and alleviate potential difficulties in school children before they reach a crisis. In the fall of 1968, the program began its third year with new junior college volunteers as well as with new staff leadership.

In most of our school systems, children who show extreme difficulties in adjustment to school occupy most of the school social workers' time. They include chronic truants, children who disrupt classes by acting out their hostilities, and severely withdrawn, apathetic children. While social workers encourage the parents of such children to work with the school in aiding the child before he reaches adulthood, often this individual help comes only after the child's problems have become complex and difficult to reverse.

Many children, however, have adjustment problems that are less severe and more readily reversible, but—because of the demands from other children—school social workers are unable to give them much individual attention. In an attempt to reach more of these students and to prevent more serious problems, an activity group program has been established in the Thief River Falls schools. It began with five groups of four to six children each in the school year of 1966–67. Similar groups have been established in each ensuing year.

The group work consultant at the mental health center and the elementary school social worker serve as directors for the program. Elementary school teachers are asked to refer children in their classrooms with adjustmental difficulties to the social worker. She follows up each written referral by discussing with the teacher the goals of the activity group and how it can help the child. The teacher rates the child on a behavior scale when he enters the group, and after 3 and 6 months. Ratings help the directors recognize changes in the child's attitudes and determine the point at which a child has progressed enough to discontinue participation in the group meetings.

The groups usually consist of children of the same age and sex, but not necessarily from the same classrooms. In most cases, the groups are not restricted to children with the same types of needs. However, extremely aggressive and extremely passive children are generally not put in the same group.

Children in the second through the fifth grades meet during school hours in supply rooms, nurses'

321-303—68——3

offices, gymnasiums, and on playgrounds. While lack of adequate space at the schools is a disadvantage, the directors have not tried to hold regular meetings outside the school because the goal is to provide successful "in school" experiences. Younger children attend two 30-minute meetings and older children one 1-hour meeting each week. Each group is assigned two junior college volunteers. These volunteers plan the activities and work together to help the children in their group learn, develop, and have fun. At least one of the volunteers is the same sex as the children in the group.

The majority of group members are children who have had limited experiences in group play, shy children who are uncomfortable in a large classroom, aggressive children who need to channel their energies, children who do not achieve in their school work up to their capacity, children who need more contact with other children and adults, children who need to learn how to cooperate or how to express themselves, and children who need to feel more important. Some children with obvious school adjustment problems are included in the groups to supplement the social worker's efforts to help them and their families individually.

The school does not regard the child as deviant because of his membership in the group but merely as a child who needs extra experiences for normal social development. Children often report to the class that they have fun in "group." In general, the children regard inclusion in a group as a privilege.

All the groups are geared toward giving the child an experience of success. Many children gain confidence from the relationship they build with the volunteers, often the first adults outside their families with whom they have become close. Some children benefit from the opportunity to try new activities in a small group. For example, one boy would not join in gym class activities. After several meetings with his group, he began to join in the group games and eventually he started to participate in gym classes

By providing a variety of activities, the volunteers help some awkward children become more confident For example, Jane had trouble with crafts, but was quick to solve puzzles. She gained a measure of success by showing her group how to do certain puzzles

Group meetings also afford a way to channel the energy of an aggressive child into healthy recreation The child learns to share, gains a sense of belonging and acceptance, and develops leadership.

Mae Skjoiten, and Robert M. Bartlett, right, initiated the project described here when she was school social worker in Thief River Falls, Minn., and he was group work consultant, Northwestern Mental Health Center, which serves seven Minnesota counties. Mr. Bartlett became social planning assistant with the Social Service Department, Calgary, Alberta, Canada, September 1, 1968.

The volunteers

Northland State students are recruited as volunteers by the junior college counselor. Interest—not experience—is the only requirement. Most of the volunteers, however, have been leaders in school clubs church groups, Boy or Girl Scouts, or similar organizations. Ten students participated the first year and 12—eight boys and four girls—the second year.

Despite a lack of formal training, junior college volunteers have many assets in working with children. They bring with them enthusiasm, warmth and creativity. They provide the children with a role model of a "big brother" or a "big sister." They are dependable and generally consistent—qualities of the utmost importance in working with a child.

Before beginning their work with the activity groups, volunteers attend three inservice training sessions sponsored jointly by the school system and the regional mental health center. The center's group work consultant conducts the sessions and demonstrates techniques of group leadership. The school social worker helps direct the discussions. These sessions are designed to increase each volunteer's confidence by—

1. Clarifying group purposes and goals. Without guidance the junior college student may set unrealistic goals for his group; he may try to reform the children; he may want to help them "too much." In place of goals that may lead to disillusionment, the directors suggest that the volunteers set limited goals. They stress the importance of establishing good relationships with the children and the value of brief, successful experiences within the groups.

2. Encouraging the volunteers to use their own ideas, to find commonsense ways to deal with the group, to be creative, and to be independent. The directors point out that a good volunteer is willing

to consult social workers, teachers, and other volunteers when he needs help.

3. Explaining some basic principles of group work to give the volunteers a better understanding of how to help children adjust.

The program has found that college students who show enough interest and responsibility to attend these sessions are usually effective group leaders. In the few cases where a lack of leadership ability or interest becomes apparent during the training period, the volunteer has been directed into another role. For example, in the first session it became apparent one girl had volunteered as a group leader for extra class credit. She earned the credit she wanted by preparing a file of active games that the group leaders could use.

After the volunteers begin meeting with the children, they attend biweekly group consultation sessions with the school social worker and group consultant. The sessions provide a forum for the volunteers to continue to gain more understanding of group work, to share ideas, to support each other, and to resolve problems of group leadership.

Each year one of the first concerns the volunteers bring up in their consultant sessions is how to plan group activities in a way that will lead the children to begin to discipline themselves.

Volunteers are then encouraged to tell each other about the ways they are dealing with this problem. In one group of shy girls, the volunteers suggested that they needed a child as "leader-helper." The girls decided to rotate the leadership within the group by electing a different leader each week. In this way, each of the children experienced the leader's role—a role they would not accept in the larger classroom. When the success with the children who served as group leaders was reported in the consultant sessions, several volunteers adopted a similar plan of rotating leadership among their group members. In one group, the child leader helped the volunteers; in another, he was in charge of activities for the day; in still another, the child leader was responsible for preparing and serving a fruit drink. By electing the leader, as most groups do, the children learn to accept responsibility and to give it to others.

Some groups decide to become "clubs." Membership in the clubs gives children a feeling of status. One boy commented, "Now I have something to belong to—just like my older brother." Building a clubhouse was a unifying project for one group of boys.

Volunteers use their own ingenuity and resourcefulness in working out challenging things for the children to do. For example, the volunteer leaders asked the children in their group to act out a "words in action" picture that showed a shoe clerk, a mother, and a girl. Sue—a shy girl who had not talked in the classroom or in her group unless asked a direct question—suggested that there be two clerks so all the children could take part. The other girls accepted her idea and Sue took the role of one of the clerks.

Two other volunteers found the use of a tape recorder increased interest and participation in a group of quiet girls.

The school social worker handles administration and supervision for the activity group. She is available for consultation whenever the volunteers want to talk to her. Periodically, she "drops by" after a group meeting to discuss problems they have just encountered.

Each principal must approve the group's programming and arrangements, as with all other regular school activities. Principals have allowed groups to meet during school hours and have provided space even in overcrowded schools. After the volunteers made and submitted plans, principals approved field trips to the junior college, the newspaper plant, a bakery, and other places within walking distance of the schools.

Successful experience

The evaluation of a preventive program is at best difficult. How do we know if the program has helped to curb something that has not really begun? We cannot know, for sure, but we believe that the program has met some of the goals set for it by providing a successful school experience for a number of children. Teachers report that most of the children who attend the activity groups are enthusiastic participants.

Because the activity groups meet as part of the regular school day, parents are not asked to give permission for their child to attend the weekly meetings. However, a letter explaining what the groups do is sent to all parents; it invites them to contact the school social worker for further information. Only two of the 50 parents contacted by phone and in person in an informal survey asked that their children be taken out of the group.

Many of the parents have commented favorably on the projects. For example:

"John calls group day his 'good' day."

"Mary thinks speech and group are the only things she likes in school."

One mother, whose child was assigned to a group the first year, offered her services as a volunteer leader the second year.

Groups have problems, of course. One 9-year-old boy's disruptive behavior threatened to destroy his group. He had been equally disruptive in the classroom. The volunteers were unable to help him modify his behavior—perhaps because he was not ready for a group experience or the program participants were not well enough prepared to deal with him. He was not assigned to a group the second year. Instead the social worker found a "big brother" for him.

Perhaps the biggest problem a school faces in implementing a preventive program is that of gaining approval from the teachers. When the teachers are informed and involved, they become far more receptive to referring children to the activity groups. In Thief River Falls schools, teachers are now helping with overall plans for the groups and with evaluation sessions. Enthusiastic teachers have been especially valuable in bringing the more skeptical teachers into the program.

Because the group activity project is experimental, it can only serve a maximum of 30 of the 1,500 children in the four elementary schools in Thief River Falls.

There seems to be little feeling among children, parents, teachers, or administrators that the children who participate in group activities are put at a disadvantage by missing classwork. On the contrary, the children seem to have no trouble making up the work missed in the hour they are out of their regular class. Some of the teachers have expressed the opinion that for children who are far behind their classmates, the hour in the small group may be more important than the work done in class. Children leave classes for many reasons each day, and most teachers handle the absence for activity groups in the same way they handle absences for music, speech, and other special classes.

A few teachers do not support the activity groups; that is, they make no referrals of children for the activity groups. However, the number has declined as the teachers have come to understand the goals of the groups.

We believe that the Thief River Falls experience in using volunteers as activity group leaders has demonstrated a positive approach to helping children adjust to school. Although many mistakes were made in the beginning, the program has undoubtedly given children experiences of success early in their school life. By keeping the school from being a completely frustrating experience for children who are finding it difficult, the program may prevent the compounding of problems to the point of eventual failure. Thus the program may be regarded as a model of preventive social work.

The value of truth runs a broad gamut—from individual interest in not telling lies and in personal sincerity, all the way to the frontier aspect of the endless search for knowledge and understanding of the universe. Truth is as great as trying to unlock the mystery of life, and as simple as not cheating in school.

The value of truth, recharged and accepted dynamically [by society as a whole], would automatically bring a forceful change in education—in the status of teachers, perhaps also in educational content and method, and certainly in the relation of schools to communities.

We do not have to discard education's lesser utilitarian goals to realize that increased capacity to approach and to comprehend a larger fragment of limitless truth is one great objective of life itself. This objective is as great and joyous for a child in primary school as for the advanced practitioners and pioneers in industrial, government, or academic life. . . .

Adolph A. Berle, Jr., "The Transcendental Margin," in State Charities Aid Association Viewpoint, *Fall 1962.*

MOTHERS' WAGES

ONE WAY TO ATTACK POVERTY

DAVID G. GIL

During recent years an awareness of poverty, its high social and economic costs, and its disastrous consequences for those directly affected by it, as well as for society as a whole, has spread throughout the nation. This increasing visibility of poverty has given rise to mounting dissatisfaction with the public welfare system and especially with the program of aid to families with dependent children which was designed more than 30 years ago as one of the nation's defenses against poverty. In response to this general dissatisfaction with the failure of public welfare programs to deal adequately with the massive problem of poverty, a variety of far-reaching proposals have been formulated by economists and other social and political scientists and by political leaders in and outside the Government. These proposals include a negative income tax, a guaranteed annual income, children's allowance, Federal administration of public assistance with nationwide uniform standards, a more comprehensive social security system, and various combinations of such mechanisms. [See "A Focus on Children of the Poor," by Vera Shlakman, CHILDREN, July–August 1967.]

The general objective of all these proposals is to assure everyone an adequate share in the affluence of American society as a basic right to enable all people to live decently during all phases of their lives, regardless of economic trends and the many risks connected with age, ill health, and physical, emotional, and social handicaps. This objective has been endorsed in recent years by Governmental commissions such as the National Commission on Technology, Automation, and Economic Progress [1] and the Advisory Council on Public Welfare [2] as well as by business, labor, religious, professional, academic, political, and private groups, and national leaders.

Each of these proposals may have philosophical, political, and technical assets and shortcomings. It is perhaps not very important which proposal or combination of proposals is eventually adopted as long as the ultimate objective is accepted as national policy and is translated into legislation that will eliminate poverty from our society. In proposing herewith yet another approach to combating poverty, I do not mean to imply that this alternative is without shortcomings. I am merely adding it to the array of existing options as one that seems to have some unique philosophical and technical merits.

The approach I propose may be designated as Mothers' Wages, or Social Security for Motherhood. It is based on the premise that society has a stake in, and an ultimate responsibility for, the rearing of children, since on this function depends the continuity and survival of society. The child's family is in a sense serving as society's agent in carrying out this function. If this is so, then any work performed in bringing up a child constitutes an important societal task for which society should compensate those who have to disengage from, or to stay out of, the labor market to perform it. For society to accept the ultimate responsibility for rearing the next generation of citizens and to compensate mothers for their investment of time, energy, and work in assuming this responsibility would be quite consistent with 19th and 20th century social and legal developments concerning the status of children. Indeed, unless society compensates mothers for their voluntary-yet-forced withdrawal from the labor market and for their assumption of the essential tasks of child bearing and rearing, it is actually relying on "slave labor" in exploiting women's biological roles and psychological tendencies.

Society has gradually accepted the responsibility for rearing and socializing children who are under the supervision of persons other than their biological or adopted parents. No one today seriously questions the appropriateness of compensating teachers and in-

David G. Gil, associate professor at the Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University, Waltham, Mass., has been engaged in both practice and research in the child welfare field in the United States and overseas since 1943. He received his doctorate from the University of Pennsylvania.

stitutional workers for their investment of time, energy, and work on behalf of children assigned to their care and few question the appropriateness of compensating foster parents, although the compensation may be far from adequate.

It would seem, therefore, that society should pay an appropriate wage to every mother and expectant mother for as long as child bearing and rearing tasks keep them outside the labor market, whether or not by choice. The level of the mothers' wages should be fixed by Federal law to correspond at least to the minimum wage under the Fair Labor Standards Act, and thus every mother would be assured an income well above the poverty level. If wages were computed for only 8 hours per day, 7 days per week, a mother would receive about $90 per week, or $4,680 per year.

Under such a system mothers' wages would not vary in relation to the number of children under care, since their purpose would be to compensate the mother for staying out of the labor market to invest effort in a societal function. The number of children in the mother's care would not change this context. The wages, however, would vary in relation to the extent to which the mothers did or did not participate in the labor market. A mother who undertook part-time employment or self-employment would receive mothers' wages on a prorated basis. A mother who engaged in full-time employment would receive a fixed fraction of the mother's wage, in recognition of the fact that child rearing involves an around-the-clock, 365 days-a-year, stand-by maternal responsibility.

The age of the children in a mother's care might be another factor in varying the wage level since the time commitment a mother must make to child rearing tasks varies with the age of the child. Before the child enters school, the mother's investment in child rearing is total. From that point on, under normal circumstances, the mother's investment of time and effort in child rearing decreases and she may no longer need to stay completely out of the labor market.

Since the only criteria for paying mothers' wages and determining their amount would be the status of motherhood or expectant motherhood and the extent of attachment to the labor market, all mothers who qualified under these criteria would be entitled to compensation irrespective of their legal and financial status. Thus mothers would not be stigmatized for receiving such wages. Marital status, property, and other sources of income would be disregarded in determining eligibility. However, since the mothers' wages would be taxable income, regular taxation mechanisms would return excess income to society.

Mothers' wages as proposed here are conceived of as an entitlement related to a specified societal context, motherhood, and disengagement from the labor market. Thus conceptualized, a program of mothers' wages fits the social security model and the Social Security Administration becomes the most appropriate and economic government mechanism to administer it. To obtain her wage, an expectant mother would register her claim at a social security office, and checks would be issued to her automatically as long as she continued to be eligible. The cost of the program could be met partly through raising the base for social security deductions and partly from general revenue, which would increase because mothers who received societal wages could not be claimed as dependents for income tax purposes.

It would seem to be desirable to link the mothers' wages plan proposed here with a system of children's allowances to which all legal minors would be entitled. This combination of programs would assure proportionally larger income for larger families.

I am aware that a proposal for mothers' wages raises many complicated issues requiring thorough exploration. Foremost among them are its fiscal and economic aspects, its consequences for taxation, income redistribution, and economic expansion, and its effects on (1) the family, especially the role of the father, (2) the birth rate, and (3) the role of women in society, and in the work force. However, it would be unrealistic to expect easy solutions to as complex a problem as poverty in America. People who are discouraged by the complexities involved in eliminating poverty should remember that preserving the status quo of a society divided into affluent and poverty-stricken segments might be even more complicated a task than bringing about social justice.

---

[1] National Commission on Technology, Automation, and Economic Progress: Technology and the American economy. 1966.

[2] U.S. Department of Health, Education, and Welfare, Welfare Administration: Having the power, we have the duty. Report of the Advisory Council on Public Welfare, June 1966.

a HOSPITAL SOCIAL WORKER in a MATERNITY and INFANT CARE PROJECT

SAMELLA B. EVERETT

● Two years as a social worker in a clinic and hospital-based maternity program serving low-income women and girls have made me acutely aware of the importance of the concepts "comprehensive care" and "public health approach" in providing service to such patients, especially when those patients are teenage unmarried mothers. By comprehensive care, I mean taking into account all aspects of the patient's life in dealing with her medical problems;[1,2,3] and by public health approach, I mean placing emphasis on early identification of problems and preventing their recurrence through the application of knowledge about the precipitating factors.

When the Chicago Board of Health established a maternity and infant care project in 1964 with a grant from the Children's Bureau, it contracted with a number of medical schools and voluntary hospitals to provide prenatal and obstetrical service for the high-risk mothers and infants the project was designed to serve. Among these were the Passavant Memorial Hospital and the Northwestern University Medical School Clinics, which provided the prenatal outpatient clinic care for the hospital. As one of the professional social workers of the combined departments of social work of Northwestern Medical School Clinics and Passavant Memorial Hospital, I was assigned the responsibility of planning and carrying out the social service program for the patients who would be receiving care at the prenatal clinic and the hospital under the maternity and infant care project.

The patients in the maternity and infant care project were all women and girls of low-income families who, on the basis of physical or social criteria established by the Board of Health, were at high risk of suffering a pregnancy casualty or producing a subnormal child. They included women with medically complicated pregnancies, women 35 and over in their first pregnancies, women 40 and older regardless of the number of past pregnancies, pregnant girls 15 years of age and younger, and emotionally or mentally disturbed pregnant women. The clinic staff included two obstetricians of the hospital staff, two residents in obstetrics, two nurses, a social worker (myself), and a social work assistant (a college graduate who had no formal training in social work). In addition, public health nurses from the Board of Health were available for home visiting.

Knowing the patient

Incorporating the public health approach into the social service aspects of comprehensive care meant to us that the social workers on the clinic team would need to know who the clinic's patients were, what social and personal problems they had, what further problems could be anticipated, and how these might be prevented. Therefore, my assistant and I proceeded to interview all new patients to determine which ones needed our special help or had problems of which the medical staff needed to be aware. We recorded a social summary on each patient interviewed, including background information, our diagnostic impressions, and our plans for dealing with whatever problems had been revealed. Copies of these summaries were filed with the clinical chart and with the patient's social service record. Copies were also sent to the hospital's inpatient obstetrical service and to the Board of Health, which had ultimate responsibility for the well-being of the patients in the maternity and infant care project.

One of our major responsibilities was to see that the medical care could and would be used to the best advantage of mother and child. Too often the unsophisticated patient seemed to look on routine checkups in pregnancy or a postpartum visit as a waste of time. Sometimes this meant we repeatedly had to explain to the reluctant patient the importance to her future health and to the health of her child of giving the physician a chance to detect physical problems early. Very often, the task was more complicated—when severe emotional problems or practical obstacles imposed by poverty interfered with the patient's ability to carry out the doctor's instructions.

But the interpretation had to be two way, for the other members of the team had to be helped to understand the patient's difficulties and ways of communicating. As this occurred, the physicians seemed to gain a better understanding of the kind of service a social worker could provide.

The older patients

At first I interviewed all the patients under 21 and my assistant interviewed those over 21. Many of the younger patients were reluctant to be interviewed by a social worker. On the other hand, the older patients, especially those who had made poor life adjustments, were eager to see the worker. They often went to the other extreme and expected to unload all their problems onto the social worker for some sort of magical cure. They requested tangible service such as carfare to and from the clinic or a homemaker to take care of their children while they were hospitalized—realistic requests that usually could be met either by the clinic itself or the Board of Health maternity and infant care project, or by arrangements with community agencies. But often, if the social work assistant met their requests for tangible service, the patients became more hostile and demanding, evidencing a more elaborate need. They complained about the many diffuse problems in their lives and showed overwhelming needs for intensive help with their emotional or environmental problems—help our small staff and the available community facilities could not always give them.

Therefore, deciding that it was ill-advised for us to stir up feelings that we could do nothing about, we discontinued routine social service interviews with the older women and instead informally let each one know that a social worker would be available whenever she had a specific problem she wished to discuss. Each was given a card bearing my name and asked to call me for an appointment if such were the case. Whenever a woman followed through with this suggestion, we tried to help her work on the specific problem she came in about.

In one instance, a mother asked me to find her adequate housing. I acknowledged her desire to place this responsibility on me but recognized that if I accepted it, I would be letting her know that I felt she was incapable of effectively handling the situation. I indicated to her that she could do as well as I if she considered various factors such as the size of her family, the area where she wished to live, and the housing problems she must refuse to accept. I reminded her of her need not to sacrifice her standards for change which might later necessitate another move. I helped her consider various resources and encouraged her to seek help from relatives in an interdependent rather than a dependent manner. After she successfully solved her housing problem herself, this mother was able to move into a working relationship with me, and we began to work toward solutions of some of her other problems.

Some months after the mother had discontinued her regular contact with me, she came to the clinic unexpectedly. She was relaxed and for the first time did not present a disheveled appearance. She embraced me warmly and began to thank me for all that I had done for her to help her find her way out of "a bag" she had felt she would never break through. She had separated from her common-law husband who was keeping her in a state of anxiety with unkept promises to marry her, she had moved to a more adequate apartment near her sisters who were helping her care for her children, she was attending the cardiac clinic regularly for the treatment of hypertension, and she was planning to seek employment when well enough. She expressed a feeling of satisfaction in being able to plan her own life and at not having to depend on a husband, boyfriend, relative, or even me to plan for her.

We had ready access to the medical school's psychiatry clinic for consultation regarding patients with severe emotional problems. However, we had to refer some highly disturbed women back to the Board of Health to arrange for their delivery in another hospital where psychiatric facilities would be available because our patients had no access to psychiatric facilities during confinement in Passavant Hospital. The Board of Health also made such transfers for women whom we suspected might suffer from postpartum depression.

The teenagers

We continued the policy of requiring every patient under 21 to have an interview with the social worker and for some time I conducted these screening interviews myself. Some of the girls were very young—one was only 11 years old. Most of them were unmarried. Before interviewing them, I had to reexamine my own feelings about girls who become pregnant out of wedlock and to recognize the difficulty of bridging the social gap between a middle-class, adult, professional person and an economically deprived teenager from the slums. I came to see the paradox in a society which tends to regard sexual intercourse outside of marriage as all right but getting pregnant from such behavior as wrong and to understand the resulting confusion in young people's minds as to what is appropriate behavior.

In their discussions with me, the girls revealed many reasons for having become pregnant. Many had done so in a conscious effort to prove their womanhood; others, in a rather unconscious rebellion against their parents. Nearly all were under great psychological stress at the contemplation of an impending motherhood for which they were ill prepared economically, socially, or emotionally. And to this stress were added the normal strains of adolescence and of poverty. The result was usually intense anger, with themselves for the state they were in and with me as a productive member of society.

When a girl was unable to direct her anger outwardly in expressions of hostility, she usually directed it inwardly, transforming it to hopelessness, apathy, and deep depression. Working with consultation from a psychiatrist, I tried to alleviate such feelings by helping her recognize and express her anger. If she showed signs of having some "fight" in her, I tried to help her to use this energy to fight for what she needed and wanted rather than to fight against people who presented obstacles. For example, if she felt she should transfer from the school she had previously attended where she would be marked with a social stigma, I would help her to contact the office of the district superintendent of schools, who approved such transfers in recognition of the need to alleviate emotional deterrents to learning.

Overcoming distrust

Most of these girls needed help in seeing clearly what they wanted and in deciding how best to attain it. Many of them knew little or nothing about the esources available in the community to help them with particular problems. Moreover, they distrusted he community agencies as they distrusted me and all dults; they felt that the world of adults—society at arge—was at once responsible for their predicament nd punishing them for it. When they first came for he interview, they seemed to feel that my only interest in them was to arrange to take their babies for placement in foster care or adoption and to give them a lecture on birth control.

Samella B. Everett was from 1965–67 the staff social worker for the obstetrics and gynecology services of the combined departments of social work at Northwestern University Medical School Clinics and Passavant Memorial Hospital in Chicago, where she worked in the maternity and infant care project she discusses here. She is now director of social work services at the Near North Children's Center in Chicago and instructor at Northwestern University Medical School.

I learned that many of the usual interviewing techniques of social casework were not useful in building a relationship with these suspicious, rather nonverbal young people. Instead of relying on the customary technique of asking them how they felt about their situation, I had to help them find the words to tell how they felt. For example, I would begin the interview by telling them who I was and how my services were related to their care during pregnancy. I would tell them that usually when women become pregnant they have some feelings or experiences they want to talk about with others, but may have difficulty doing so. I would remark that it must be hard to hold so much inside and that perhaps she would like to tell me how she felt when she first learned of her pregnancy, how she told her parents, and how they reacted.

My efforts were directed to helping these teenage expectant mothers view their situation realistically, in relation not only to their own needs and rights but also to the needs and rights of the coming baby. To underscore the importance of learning to be a good mother, I encouraged them to read Dr. Benjamin Spock's "Baby and Child Care," and Dr. Arnold Gessell's "Child Behavior." At the end of the interview, I told them that I would be readily available to them should they wish to raise questions at any time. To emphasize this fact, I gave them a card containing my name and office telephone number and told them to call me between their clinic appointments if they wished. To those girls who seemed especially in need of emotional support, I also gave my home telephone number so that they could telephone me when the clinic was closed if they felt the need. A few did so and seemed greatly appreciative of this support. They did not abuse the privilege.

As the girls began to realize that I was interested in them and did not wish to take their babies away, they became more relaxed. Many came back for further interviews. Sometimes a girl would bring along her mother, father, or even the father of her expected child. In such an instance, I always welcomed the opportunity to talk with the person who came along, for I knew the unborn baby was affecting his or her life.

Usually the girls' parents at first resisted talking to me. They felt ashamed and seemed to expect me to reprimand them for their "failure" with their daughter. Often my opening remark would be: "It must be difficult for you to have worked so hard to make life better for your daughter and then to see something like this happen to her that will expose her to the kind of life you sought to shield her from." Nearly always the response came in the form of tears and outpourings of emotion.

Similarly, the coming baby's father seemed to expect me to lecture him on his wrongdoing. I tried to show that I approved of his desire to accompany the girl to the clinic and to talk about what his responsibilities as a parent would be other than contributing to the child's support.

Adoption

Among professional persons the subject of adoption has its controversial aspects, especially in relation to babies of unmarried, poor, black girls. Some say that to leave a baby with a mother who is poorly equipped to care for him can only result in physical and emotional deprivation of the child. Apparently to them the problem of meeting the needs of both mother and child seems so overwhelming that they would remove the symptom—the child born out of wedlock—from sight. They see the only solution in expending greater efforts to increase the now scarce resources for the adoptive placement of black infants.

Removing the baby may indeed help the young unmarried mother to cope better with the practical problems of daily living. But what does this do to help her gain a better self-image and become a constructive member of society? Probably nothing—unless a caseworker continues to work with her after she has given up the child to help her meet her social and emotional needs and to deal with her feelings of loss and guilt. Few agencies provide such help.

Most of the girls who came to our clinic were from cultural backgrounds in which unmarried mothers are expected to keep their babies. Many of them seemed to be afraid that I would put pressure on them to relinquish their rights to their babies. Therefore only when a girl expressly requested placement of her baby or revealed some ambivalence in her feelings about keeping him did I suggest that she might consider adoption as a partial solution to her problems If she revealed, directly or indirectly, that she did want to give her baby up for adoption but felt guilty about this, I helped her work through her feelings and pointed out the advantages that relinquishment would bring to the child as well as to herself. I interpreted her wish to have the baby adopted as a manifestation of love—a desire to protect her child by giving him a home with two loving parents and a secure future. If she finally decided for adoption, I then made an appointment for her with an adoption agency. All arrangements for the placements were completed during the prenatal period, thus minimizing confusion and uncertainty at the time of delivery

Individuals and groups

After several months of experience with these young expectant mothers, it became clear to me that for many of them the chief need was to have at hand a warm, understanding, empathic adult to whom they could bring their problems and who could intervene in their behalf with other agencies. It seemed to me that my expertise in social casework would be used to best advantage if I concentrated on intensive work with fewer patients, specifically those who seemed especially distressed and who showed some signs of being able to respond to treatment Since my assistant was a warm, understanding, empathic adult, I trained her to carry out the preliminary interviews with all teenage patients and to call to my attention girls who showed signs of emotiona confusion or depression or faced severe blocks in communication with their parents.

After interviewing a confused or depressed girl, I reported my impressions to the obstetrician and, when it seemed necessary, referred the girl to the psychiatry clinic for diagnostic workup and recommendations or treatment. In most instances, the psychiatrist referred the girl back to me to provide the recommended treatment but offered continued consultation. In general, the psychiatric consultant supported my belief that the girl needed a relationship with a mature maternal therapist who would attempt to control her behavior and, when necessary would help her to do so—for example, by telling the patient what was or was not appropriate behavio in the hospital and how she could or could not act during her period of confinement.

Early in the program, I recognized that most of the girls wanted to be good mothers, but that many of them had no one to teach them how, either because their own mothers were out of the home working, were confused about their dual responsibility of mother and grandmother, or were still struggling to understand the role of a mother in their chaotic, crisis-oriented community. The director of the combined social work department of Passavant Hospital and Northwestern Medical School Clinics and the nurse supervisor of the hospital obstetrical services shared my feeling that our teenage patients could profit from attending classes concerned with family life education, health principles, and baby care. Therefore, we worked out an agreement with the American Red Cross to provide such classes, but these classes were poorly attended. The girls showed little interest and said they could not afford the carfare to get to the center where the classes were held. Later, the obstetrical nurse supervisor developed a plan to provide mothers' classes during clinic sessions in a conference room adjoining the clinic. Because the classes were loosely structured, the girls could attend them while they waited for the call to be examined. These classes were well attended. Occasionally, a girl would bring up in class a problem revealing her need for further social work help, and when this occurred the nurse supervisor would refer the girl back to me.

Reaching out

Although my assistant and I did not reach our goal of interviewing all the young girls who came to the clinic and at least introducing ourselves to all the older women before their confinement, we did have some contact with 75 percent of the patients who attended the clinic during the 2 years I was there. Of the 148 teenagers who gave birth at the hospital during 1966 under the maternity and infant care project, only 19 had not been seen by one of us before delivery. A few of those we missed were not known to the hospital until they arrived for delivery through the emergency room; the others came to the clinic at times when our appointment schedules were full.

Since the hospital admitting office informed us of all deliveries and since the social work assistant visited the obstetrical floor of the hospital daily to learn how the patients were adjusting, we did have an opportunity to find out whether any of those patients whom we had not seen had problems needing our attention as some did. Some of these patients were for the first time beginning to realize the seriousness of the situation they were in and were in need of emotional support.

At the time of the postpartum examinations, we again offered our services to the patients, especially the young unmarried mothers, to help them release their feelings and modify attitudes that were obstructing their chances of meeting their needs in a manner conducive to self-respect. We also tried at this time to help the girls understand and accept their sexuality and to recognize their conflicts around sex and its role in their lives. In these interviews, we often discussed the meaning of birth control—clearing up some of the patients' misconceptions about it—but we never urged the patients to accept the family planning service that was available at the clinic unless there were medical indications for doing so or they had specifically expressed a desire to have the service.

Throughout all our social work interviews—in whatever stage of the maternity process they occurred—our goal was to help the patients to view realistically their situation and the responsibilities they faced in motherhood and to help them overcome whatever obstacles lay in the way of their meeting these responsibilities. To meet this goal, I felt, was implied in the clinic's obligation to provide *comprehensive* maternity care.

---

[1] Lesser, Arthur J.: Accent on prevention through improved service. *Children*, January–February 1964.

[2] Close, Kathryn: Giving babies a healthy start in life. *Children*, September–October 1965.

[3] Swallow, Kathleen A.; Davis, George H.: 645 days of maternity and infant care. *Children*, July–August 1967.

a visitor from Israel reports her impressions of . . .

PRESCHOOL PROGRAMS for DISADVANTAGED CHILDREN

SYLVIA KROWN *Research Psychologist, Hebrew University, Jerusalem, Israel*

Late in 1967, I visited the United States to observe preschool education programs and the new methods being used to meet the social and educational problems of culturally deprived children. My hope was to find ideas applicable to similar problems in my own country, Israel. My visit came about in connection with research being done at the Hebrew University in Jerusalem on the "effects of heterogeneous grouping and compensatory measures on culturally disadvantaged preschool children in Israel." The study has been made possible by a grant from the U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, using counterpart funds.

My visit took me to model schools, early childhood centers, hospitals, universities, Headstart centers, Montessori schools, and Government offices. The cities I visited included New York, Syracuse, Cleveland, and Washington, D.C. The observations that follow are derived from these visits, from the proliferating literature on the subject, and from my own experience in work with preschool children. Not all of the observations have been validated, but research is underway in many areas.

There has obviously been great ferment in thinking in the United States concerning the problems of disadvantaged children among people in the social sciences, education, politics, and other fields. Many methods of solving or easing the problems have been proposed, and many have been tried. Much questioning has been going on, which has led to clearer thinking, though definitive answers are still elusive.

One of the most controversial issues among preschool educators concerns the form educative measures to help preschool disadvantaged children should take. Should the accent be on making up cognitive deficits through the structured teaching of concepts and language to prepare the child for the first grade? Or should the first concern be with the emotional deficits of the disadvantaged child and with efforts to deepen object relations and foster emotional growth? Is he primarily in need of extra training and stimulation because his intellectual functioning is immature for his age level or is there a deficit in his general ego functioning? What is cognitive learning and concept formation? Is it the acquisition of more and more concepts and information or is it the capacity for the organization of thought that enables the application and formation of concepts in new situations and problems? Without having made good basic relations with people, do children have the basis for the constancy of awareness that is necessary for cognition? Can we try to help children achieve meaningful learning without trying to help them develop some emotional strength?

These are some of the questions that arose in my mind as I observed various and contrasting approaches and programs for preschool teaching.

In all these programs, however, one characteristic stands out: *teaching* has come back to the nursery school. Regardless of the type of program, a great awareness exists of the teacher's role in stimulating cognitive learning and the use of language, in helping the child distinguish between and deepen sensory perceptions. In some programs, the teacher's goal is to stimulate exploration and self-discovery and ultimately the "seeing of relationships" and logica thinking.

Problems of balance

Until recently, nursery school practice, although originally designed to stimulate exploratory behavior, discovery, and inductive reasoning while promoting the mental health and individuality of each child, has been widely misunderstood as requiring solely a laissez-faire attitude toward children while providing them with loving care in a warm, accepting atmosphere.

But now many persons in the field of early childhood education are redefining their goals and policies and changing their methods. The vague, diffuse perceptions and confused ideas disadvantaged children manifest have pointed up the need for repeated efforts to help them become aware of the different elements of an experience. Many nursery school teachers practice repeated recal of experiences, structured games designed to stimulate heightened perception, and much attention to language enrichment.

In two basic areas of nursery schoo teaching the problem seems to be one o balance. How much emphasis should be placed on cognitive learning? How much on affective relating and expression of emotional needs? And what is the best timing for each? In the area of teaching techniques how much effor should the teacher spend on direc teaching in structured situations with clearly defined goals and how much in the creation of opportunities for stimulating discovery, exploratory learning and play, and inductive reasoning?

Perhaps the answer to these questions depends on a clear definition of the cause of cultural deprivation. In Israel, economic deprivation, fatherless homes, and gross social discrimination are not frequent and yet many children show signs of severe cultural deprivation. We must, therefore, look for the cause of cultural deprivation in cultural modes—in interpersonal relationships, in unfulfilled dependency needs, in the lack of a sense of individual worth, and in the conceptions parents have of the parental role, particularly when they do not regard the protection, encouragement, stimulation, and education of their children as necessary aspects of this role. If the causes of cultural deprivation lie in the quality of interpersonal relations, then culturally deprived children need help to develop a new way of relating to people as a "corrective" experience.

The quality of learning and the ease with which children learn have long been known to be directly related to the quality of the teacher-child relationship. This relationship is even more important when the child is culturally deprived, and to have any significant meaning, it should be developed on a one-to-one basis. Of course, along with efforts to overcome such a child's emotional deficits must go efforts to try to enlarge his environment and provide him with intellectual stimulation, broader language experience, and the opportunity to acquire basic skills. But it would seem that before a child can absorb cognitive experiences and utilize them in the organization of the ego, his basic emotional needs have to be met.

Training and discovery

It has also long been known that an active pursuit of learning is far more effective than passive reception of instruction. The child who climbs a tree because he wants to get to the top gets far better exercise than the child who takes routine gymnastics. Nevertheless, children—especially disadvantaged children—do need structured exercises to help them recall the experiences and ideas they are exposed to in their exploration.

An interesting study of the effects of intellective training of 2- and 3-year-old children, being conducted by Francis Palmer of the City University of New York, includes inquiry into the effects of discovery in comparison with directed training. Dr. Palmer is training two groups of children to acquire new concepts in individual sessions with a teacher; one group by formal training, with the teacher taking the initiative; the other group by presenting the child with materials and allowing him to discover the concepts for himself, the teacher-playmate speaking only in answer to the child's questions. Thus far, Dr. Palmer reports, the results show little difference between these two experimental groups but appreciably greater progress in both than in a control group of children not given an opportunity for an intensive one-to-one interaction with an adult.

Another issue among the designers of preschool education is the question of how much attention should be given to free imaginative play in proportion to structured cognitive learning and information gathering. The Montessori schools have demonstrated that very young children are capable of great feats of learning in reading, arithmetic, geography, and science. But one might question what meaning large, isolated pieces of information have for a young child who has yet to orient himself to his immediate world, has yet to distinguish between fantasy and reality and between magic and natural causes? The child must investigate his environment and organize it through repeated play experiences before he will be ready to absorb and organize information beyond his immediate world.

Opportunities for creative make-believe enable a child to learn how to distinguish between fantasy and reality. A program that denies a child ample opportunity to engage naturally in imaginative dramatic play and stresses only the acquisition of cognitive knowledge and skill may prevent him from pursuing the task of reaching an understanding of his immediate world. It may be filling his mind with elaborate bits of information he is not ready to incorporate into an organized concept of the world and at the same time be stifling his own natural curiosity.

A child learns best when the information and material offered him are in line with the subjects in which he has shown a natural interest, involvement, and curiosity. Certainly his world needs to be widened, but the cue to what material to offer him lies in the interest he reveals in play and work, rather than in any prearranged program of instruction.

Small groups

As I observed various ways of organizing groups of children, it became clear to me that a teacher can only deepen and strengthen a relationship with a child in a very small group, and that it is better for one teacher to handle a few children alone than for several teachers to handle a large group together. This principle has been applied at the Neighborhood Children's Center in New York City by dividing a group of fifteen 3-year-old children into three "families" with separate teachers and equipment, and a group of twenty-two 4-year-old children into three "families," also with separate teachers and equipment. How the principle can be related to the Israeli situation of very large groups and small budgets remains to be seen.

The problems of the culturally deprived child have also created the need to underline other goals for preschool education such as the development in children of a sense of structure and constancy, a capacity for delaying gratification, greater confidence and self-esteem, and new motives, attitudes, and goals. The child also needs training in "relationship thinking" and logical thinking as well as experiences that will help him learn to understand relationship sequences. Structured exercises in logical thinking for use in sessions with individual children have been developed by Marion Blank at the Albert Einstein College of Medicine, Yeshiva University, New York.

Many people in the United States are thinking hard about all aspects of teaching young deprived children. Martin Deutsch at the Institute for Developmental Studies in New York and Carl Bereiter, who until recently was at the University of Illinois, have refined differing methods for promoting cognitive learning, the teaching of reading, speech, and language structure, and the classification and mastery of specific ideas. Susan Gray at George Peabody College for Teachers in Nashville is concerned not only with cognitive development but also with achievement goals, capacity for delaying gratification, and the reinforcement of desirable behavior.

The Bank Street College of Education in New York City, which operates the Early Childhood Center, is concerned with both the affective and cognitive aspects of learning in early childhood and sees these as interdependent. The theory is that learning takes place best when it is self-motivated and comes from independent pursuit, active involvement, and direct experience. An emphasis on individuality is basic to the Bank Street program. Incorporated into the program are structured exercises in concepts and language based on the child's own play and activity. The effort is to strike a balance between the exploratory and inductive method and the structured teaching method. The nature of balance varies with each child and is determined by the characteristics of the children and the subject matter.

Headstart's innovations

I found Project Headstart amazing in the high standards it has set for the centers it supports. For example, it expects the centers to have one teacher, one assistant, and one aide for every 15 children. This would be sheer luxury in Israel. In addition, the centers are expected to employ psychologists, social workers, parent coordinators, and family workers.

There is, however, a problem in staffing because the number of trained persons in the field of early childhood education is inadequate to meet the increased need for trained workers created by the Headstart program.

The vital role assigned to parents in the Headstart program is an important innovation. A staff member whose job is to work with parents is mandatory in each center. Parents make up half of each center's advisory committee.

Thus parents are brought closer to the center in a way natural to the goals, methods, and attitudes of the teachers. From there, it is an easy step to individual work with parents in direct teacher-parent or social worker-parent relationships and to workshops for parents conducted by teachers and social workers. Perhaps, even more important for the disadvantaged parent is the feeling of added stature that comes from his involvement in the center. His attitude toward himself and his children changes because of the opportunity to have a voice in making decisions and being accepted as an equal by the staff. Perhaps this feeling will affect his attitude toward life and relieve some of his feeling of defeat.

Another of Headstart's innovations is the use of neighborhood workers from the community to aid the teachers in the centers. Though at first many professional people were appalled at the thought of untrained people working in semiprofessional positions with young children, in actual practice the idea seems to have worked well in many instances.

How can this apparent success be accounted for? Perhaps it is due to some extraordinary training methods; perhaps, to the heightened self-esteem of the neighborhood workers and their devotion to and belief in the education of children. One benefit may be that the attitudes toward children the project wants to impart will be relayed to the community.

Very young children

Some efforts are being made to attack the learning problems of disadvantaged children by stimulating intellectual development in infants and very young children. In some places, the work is with infants only; in others, with mothers, too. In the latter experiments, mothers are trained to work with and stimulate their own children.

One of the best known projects of this type is the one established by Bettye M. Caldwell at the Children's Center, State University of New York at Syracuse with funds from the Children's Bureau. This research project cares for infants from the age of 6 months through 4 years in all-day programs designed to promote healthy overall development as well as to raise the IQ or prevent its deterioration. It not only gives the infants good physical care and emotional warmth but also provides many ingenious methods for stimulating intellectual and motor development.

The long-range findings of this program are not yet in, but the project has succeeded in arresting the downward trend in intelligence found in many deprived children after the second year of life and in many cases has raised the level. Nevertheless, it seems to me, the necessary grouping of the childre and the need for several workers wit each group must lead to a basic lac of the stable one-to-one affective relationship that a child needs for hi healthy emotional and intellectual development.

Another project concerned with teaching mothers how to stimulate thei children is being conducted by Ira Gordon of the Institute for Development o Human Resources, University of Florida, also with support from the Children's Bureau. As part of its efforts, thi project has produced an illustrate booklet for mothers on ways to pla with infants. Susan Gray at George Peabody College is conducting a simila project. She is also experimenting wit training mothers through demonstrations in the home. She has found tha the greatest gains seem to be in th younger children in the families involved.

I question, however, whether shor training courses with mothers will b able to change basic cultural pattern of parent-child relationships in parent who themselves suffer from deficits i affective development. It is difficult t see how learning isolated methods wil change basic attitudes. Nevertheless people working with parents maintai they have effected constructive change Perhaps this method achieves result by reinforcing parents' positive attitudes toward and ambitions for thei children. It seems to me, however, tha before significant change can b achieved, it may be necessary to hel the mother meet her own needs.

Meaning for Israel

A survey such as this leads one t lean more and more toward an eclecti method.

I found myself more nearly identified with the method of the Ban Street College of Education than wit any other method, for it seems to b based on insight into and understanding of child development and to be th most nearly balanced regarding the affective and cognitive aspects of education. But I should like also to us many of the methods for stimulatin cognitive learning and perceptive development introduced by Marti Deutsch at the Institute for Developmental Studies. I have also acquired deeper respect for the young child' apacity for learning and self-discipline rom the demonstrations I saw at the ontessori schools.

Susan Gray's methods of consciously einforcing desirable behavior and of orking toward achievement motivaion and toward greater capacity for deaying gratification help spell out oals and methods to which we may requently have paid only lip service. The Headstart program's efforts to get arents involved, as well as its use nd training of neighborhood workers or both preschool and parent work, ight be emulated in Israel. The methods of careful scrutiny of each child demonstrated in the psychoanalytically oriented day nurseries should be incorporated into inservice staff development and in teacher training. Much of the content in the Neighborhood Children's Center, where emphasis in the 3-year-old group is on baby care, should be seriously considered.

Many of the methods used in stimulating intellectual development may be useful in infant homes in the kibbutzim, and some may be useful in the everyday home care of young children. There does seem to be a danger, however, of overstimulating the child, of not leaving enough time and energy for self-discovery and exploration.

My acquaintance with the major trends in thinking in the United States about work with disadvantaged preschool children will be valuable in planning our work for disadvantaged children in Israel. It will undoubtedly affect our investigations at the Hebrew University and will ultimately enhance the value of our contribution through experimentation, observations, and research to the world's knowledge of personality development in children.

---

guides and reports

EFFECTIVE SERVICES FOR UNMARRIED PARENTS AND THEIR CHILDREN: innovative community approaches. National Council of Illegitimacy, 44 East 23d Street, New York, N.Y. 10010. 1968. 111 pp. $3.25.

Presents 10 papers given at the 1967 orum of the National Conference on Social Welfare on programs of services o unmarried mothers and fathers in his country and elsewhere.

SALARIES AND MANPOWER IN CHILD WELFARE, 1966. Ralph W. Colvin, Lydia Hylton, and Barbara G. Rothschild. Research Center, Child Welfare League of America, 44 East 23d Street, New York, N.Y. 10010. 1967. 153 pp. $3.

Presents data from a study of proessional and subprofessional manpower nd salaries, as of January 1, 1966, in 93 voluntary and 15 local public child elfare agencies with membership or rovisional membership in the Child Velfare League. Includes comparative ata from similar studies for 1958, 1960, nd 1963.

INNESOTA SYMPOSIA ON CHILD PSYCHOLOGY: volume I. Edited by John P. Hill. University of Minnesota Press, Minneapolis, Minn. 55414. 1968. 239 pp. $5.

Presents six papers reporting on research on the socialization of the child living in poverty, theories of behavior in research and clinical practice, parental and environmental influences on cognitive development, and the use of computers in teaching and research.

SOCIAL WORK WITH PREADOLESCENTS AND THEIR FAMILIES: a report on the United Neighborhood Houses Preteen Delinquency Prevention Project, 1962–65. Goodwin P. Garfield and Saul Goldzweig. United Neighborhood Houses, 114 East 22d Street, New York, N.Y. 10016. 1968. 96 pp. $1.50.

Reports the processes used by professional social workers in a 3-year project to provide intensive service to more than 400 disadvantaged 8- to 13-year-old children and their parents to help them deal more effectively with their problems at home, in school, and in the community.

THE PUBLIC LOOKS AT CRIME AND CORRECTIONS. Joint Commission on Correctional Manpower and Training, 1522 K Street, NW., Washington, D.C. 20005. 1968. 28 pp. Single copies available on request from the Commission.

Reports the findings of a survey of 1,000 adults and 200 young people to learn their general attitudes toward correctional work, their feelings about contacts with convicted offenders after release, and their opinions of correctional work as a career.

ROUND TABLE READER, 1967. Malvin Morton, editor. American Public Welfare Association, 1313 East 60th Street, Chicago, Ill. 60637. 1968. 280 pp. $3.

Contains condensations of 23 papers and of discussions presented at the APWA's biennial round-table conference in 1967 concerned with poverty and means of alleviating it.

UNDERSTANDING CHILDREN OF POVERTY. David Gottlieb and Charles E. Ramsey. Science Research Associates, 259 East Erie Street, Chicago, Ill. 60611. 1968. 76 pp. $3.

Presents a sociological analysis of cultural deprivation in children as it is related to family and social life, employment, school performance, and classroom experiences and suggests an approach to education of deprived children.

CHILD VICTIMS OF INCEST. Yvonne M. Tormes. Children's Division, The American Humane Association, P.O. Box 1266, Denver, Colo. 80201. 1968. 40 pp. 50 cents.

Reports the findings of a study of the characteristics of families in which girls 16 years old or younger were victims of sexual assault by their fathers, and suggests guidelines for diagnosis and treatment of family conditions conducive to incest.

an essay review . . .

NEW PERSPECTIVES ON YOUTH

CATHERINE V. RICHARDS *Special Consultant on Youth Services, Children's Bureau*

At this interval when "the young see themselves—negatively glorified in the mass media"; at this time when youth must bear a disproportionate share of the burdens of social unrest and pervasive and rapid change, two new books provide perspective on youth from clinical observations and theoretical orientations of psychology, psychiatry, and anthropology.

In light of acute historical change, Erik H. Erikson could not escape the necessity of reviewing and reevaluating his concept of identity. Although the last entry in his new work, "Identity, Youth and Crisis," antedates the "explosive momentum of street violence," this thoughtful book on human development engages the reader in thinking with him about identity formation as a necessary step in individual and collective development.*

Erikson's conceptualization of the eight stages of man, described in 1950 in "Childhood and Society,"[1] offered the theory of developmental "crises." Initially this term "crisis" was interpreted as connoting impending catastrophe. As Erikson points out in his new book—a compilation of his more recent writings on identity—the term crisis "is now being accepted as designating a necessary turning point, a crucial moment, in life when development must move one way or another, marshaling resources of growth, recovery, and further differentiation."

Although a crisis is not exclusive to any age or stage of development, this book is concerned only with one developmental crisis, the "identity crisis." Dealing with this crisis is the special task of adolescence and involves the process of developing a sense of personal sameness and historical continuity. It is a complicated psychosocial process located, says Erikson, "in the core of the individual and yet also in the core of his communual culture, a process which establishes in fact, the identity of these two identities."

While theory seems to be of little interest to citizens caught up in unrest and disorder, the irony is that instant problem solving in human development is an inviting but defeating delusion. With respect to the identity crisis of adolescents, Erikson notes: ". . . certainly more 'roles' played interchangeably, more self-conscious 'appearances,' or more strenuous 'postures' cannot possibly be the real thing, although they may be dominant aspects of what today is called the 'search for identity'."

He makes it clear that for many adolescents identity formation is an unconscious process. It is something that is both mental and moral and comes upon the young person when he can say: "This is the real me." This ego strength, says Erikson, "emerges from the mutual confirmation of individual and community, in the sense that society recognizes the young individual as a bearer of fresh energy and that the individual so confirmed recognizes society as a living process which inspires loyalty as it receives it, maintains allegiance as it attracts it, honors confidence as it demands it."

Oppressed minorities

But there are many young people confronting social situations that bring into focus the interaction of personal growth, communual change, and historical social development and make identity development a painful, difficult conscious process. This aspect of the problem is reported in a book of a series of research-based papers edited by Eugene B. Brody, M.D., "Minority Group Adolescents in the United States." **

The idea that adolescents are a minority was expressed by some young consultants to the Department of Health Education, and Welfare. In a discussion with adults that included some officials of the Department serving as "resource persons" [see CHILDREN, September October 1968, page 206], these young people raised questions about what segments of the adolescent population could be considered as oppressed minorities. Although persistent disagreements arose, there was concensus on these points: "Adolescents are a minority And although they are not all alike there are several things they have in common. They have not attained the age of majority—21 years; they are treated as a social category on the basis of stereotypes that do not obtain universally; and they are oppressed people!"

---

*Erickson, Erik H.: Identity: Youth and Crisis. W. W. Norton & Co., New York, N.Y. 1968. 336 pp. $2.95.

**Brody, Eugene B, M.D.: Minority Group Adolescents in the United States. The Williams and Wilkins Co., Baltimore, Md. 1968. 243 pp. $8.25.

Dr. Brody's book deals with the "crises encountered by people, no longer children, and not yet adults, who belong to important minority groups in the United States: Negro, Mexican, Puerto Rican, Oriental, and American Indian." These young people must surmount not only the universal hurdles between one age-defined status and another, but also hurdles between the cultures of their families of origin in an ethnically determined minority world and the culture of the "surrounding, dominant United States society."

On alienation

Both Erikson and Brody bring the clarity of rationality to a subject loaded with emotional overtones, "the alienation of youth." Brody sees an upwardly mobile youth in the sense of "marginal man" who has one foot in the majority world and one in his own, but does not feel completely accepted by or comfortable in either. Pointing out that he is using the term "marginal man" in the sense used by Kurt Lewin, he says, ". . . the marginal man by virtue of his transitory condition and ambiguous status suffers from the uncertainty of belongingness."

Erikson's interpretation seems to me to catch and explain the desperate pleas of the young and the minorities to be as he says, "heard and seen, recognized and faced as individuals with a choice rather than as men marked by what is all too superficially visible, namely, their color." And to this may be added, the superficially visible physical or cultural characteristics of age, accent, or attire. Erikson refers to Van Woodward's term of "surrendered identity," to describe the active and powerful demand of the black spokesmen to recover for themselves, and to reconquer for their people, a collective identity that makes for human vitality—a collective identity that can provide a continuity with an historical past, with current community change, and with the development of the individuals in transition from childhood to adult status.

At this time in most communities minority youth have more access to confirmations of negative identity and identity confusion than they do to confirmations of positive identity. As Erikson concludes: "The dominant issue of this as of any other stage, therefore, is the assurance that the active, the selective, ego is in charge and enabled to be in charge by a social structure which grants a given age group the place it needs—and in which it is needed."

But, as F. Musgrove has stated in his well constructed analysis of "Youth and the Social Order," [2] young people are "trained for adulthood by exclusion from the world of adult concerns, and for the exercise of responsibility by the denial of responsibility." This critical observation takes account of one of the facts of a complicated economy. Young people are needed to prepare for and secure the future, but they are not needed now by the economy. However, this Nation, currently engaged in renewing its efforts to guard the rights of the individual, to insure his development, and to enlarge his opportunity, has need of the personal investment of every citizen in maintaining and developing the society.

Thus, a convergence of events has provided the situation in which both youth and adults are needed in solving the crucial problems of our times. Because there are no rules to go by, but only ethical considerations, youth and adults can work together. Erikson suggests that "a new ethics must eventually transcend the alliance of ideology and technology, for the great question will be how man, on ethical and generational grounds, will limit the use of technological expansion even where it might, for a while, enhance prestige and profit."

Erikson goes on to state, "Moralities sooner or later outlive themselves, ethics never: this is what the need for identity and fidelity, reborn with each generation, seems to point to."

Each of these books provides perspective on youth development in a framework that compels reconsideration of the social structures provided for young people to grow on and in. These books are not blueprints for programs for youth, rather they are the rational expressions of thoughtful, perceptive clinicians who know, as Erikson puts it, that "from generation to generation the test of what you produce is the care it inspires." The unstated question these books raise for every professional person concerned with adolescents is: Do we create a social structure that will accommodate a range of experience for young people with the real adult world and with responsibility that will confirm a positive identity and will "ring true" to the tuning of new and more universal ethics?

---

[1] Erikson, E. H.: Childhood and society. W. W. Norton & Co., New York. 1950.

[2] Musgrove, F.: Youth and the social order. Indiana University Press, Bloomington, Ind. 1964.

collected readings

THE WORLD OF THE CHILD: birth to adolescence. Edited by Toby Talbot. Doubleday & Co., 277 Park Avenue, New York, N.Y. 10017. 1968. 457 pp. $1.75.

EDUCATION FOR THE DISADVANTAGED: current issues and research. Harry L. Miller. The Free Press, 866 Third Avenue, New York, N.Y. 10022. 1967. 290 pp. $2.95.

ORGANIZING FOR COMMUNITY WELFARE. Edited by Mayer N. Zald. Quadrangle Books, 180 North Wacker Drive, Chicago, Ill. 60606. 1967. 316 pp. $7.95.

THE CHILD ANALYST AT WORK. Edited by Elisabeth R. Geleerd, M.D. International Universities Press, 239 Park Avenue South, New York, N.Y. 10003. 1967. 310 pp. $7.

CHILDREN: readings in behavior and development. Edited by Ellis D. Evans. Holt, Rinehart & Winston, 383 Madison Avenue, New York, N.Y. 10017. 1968. 571 pp. $5.95.

CONTEMPORARY ISSUES IN DEVELOPMENTAL PSYCHOLOGY. Edited, with commentary, by Norman S. Endler, Lawrence R. Boulter, and Harry Osser. Holt, Rinehart and Winston, 383 Madison Avenue, New York, N.Y. 10017. 1968. 682 pp. $9.95.

BEYOND THE FRONTIER: social process and cultural change. Edited by Paul Bohannan and Fred Plog. The American History Press, Doubleday & Co., 277 Park Avenue, New York, N.Y. 10017. 1967. 213 pp. $6.50, clothbound; $2.50, paperback.

BOOK NOTES

PSYCHOLOGICAL EVALUATION OF CHILDREN'S HUMAN FIGURE DRAWINGS. Elizabeth Munsterberg Koppitz. Grune & Stratton, New York. 1968. 341 pp. $9.75.

Many years of clinical experience have convinced the author of this study of children's drawings that the test using human figure drawings (HFD's) is one of the most valuable that psychologists can use in evaluating the psychological state of children. She points out that for the most part psychologists consider the HFD tests as either a projective method by which to analyze drawings for signs of unconscious needs, conflicts, and personality traits, or as a measure of mental maturity. Her hypothesis is that HFD's can be used for both purposes.

With this hypothesis in mind, she discusses HFD's from both angles, psychotherapy and children's drawings, brain injury and HFD's, and using HFD's with other psychological tests; and gives clinical interpretations of the drawings that are used to illustrate the book.

THE DISCRIMINATION PROCESS AND DEVELOPMENT. International Series of Monographs in Experimental Psychology, Vol. 5. Brian J. Fellows. Pergamon Press, Long Island City, N.Y. 1968. 218 pp. $10.

According to the author, this book has two purposes: (1) to provide a comprehensive look at the operations involved in the process of visual discrimination; (2) to trace the development of these operations in young children.

To accomplish the first purpose, the author reviews the literature on experimental and theoretical discrimination in animals and human beings and emphasizes the distinction between the perceptual and the cognitive aspects. He shows the operation of the discriminatory process in the form of a cybernetic model. To accomplish the second, he reviews reports of research on discrimination in young children and analyzes the visual discrimination of differently oriented forms as it refers to the performance of a young child.

He concludes the book with a discussion of ways to improve "stimulus processing."

THE CHILD AND THE REPUBLIC: the dawn of modern American child nurture. Bernard Wishy. University of Pennsylvania Press, Philadelphia, Pa. 1968. 205 pp. $6.95.

Preoccupation with child nurture in the United States began at least three generations before Freud and Dewey, according to the author of this look at "child nurture" in this country between 1830 and 1900. In fact, many American ideas of progressive and pragmatic education go back to the Age of Reason, he maintains.

In the 30 years after 1830, American books about child nurture strove to build "character" in the child, the author reports. In the years after 1860, they moved toward fitting the child for life.

Debates over the nature of the child and his destiny raged in all these years, the author maintains, and he discusses many of the arguments advanced. He also takes up the subject of home care and the coming of scientific child study after 1880. He notes that schools throughout the years covered were under attack for offering "frills" rather than sticking to the Three R's.

CONTROLLING DELINQUENTS. Edited by Stanton Wheeler. John Wiley & Sons, New York. 1968. 332 pp. $8.50.

Reports on projects to control juvenile delinquency supported by Federal funds under the Juvenile Delinquency Youth Offenses Control Act of 1961 comprise the content of this book. They are centered on the relationships between young offenders and the persons and agencies who work with them, including the police, juvenile court judges, psychiatric agencies, training schools, caseworkers, and detached workers, and the community's system for dealing with delinquents. The 19 contributors represent the fields of law, medicine, sociology, anthropology, and psychology. The reports are grouped under three headings: the social organization of juvenile delinquency control, agencies and their clients, and community prevention and casework programs. Their unifying theme, according to the editor, is their accent on prevention and control rather than causation.

In his conclusion, the editor maintains that the most important problem suggested by the reports is the necessity to find ways to systematically integrate disparate agencies, their policies, and their operating practices for dealing with delinquents and for taking into account the effect of their actions on the delinquent.

TEMPERAMENT AND BEHAVIOR DISORDERS IN CHILDREN. Alexander Thomas, M.D., Stella Chess, M.D., and Herbert G. Birch, M.D. New York University Press, New York. 1968. 309 pp. $8.50.

On the basis of findings from their 12-year study of young children (the New York Longitudinal Study), the authors in this book consider factors they believe contribute to common behavior disorders in young children (such as temper tantrums, aggressiveness, and abnormal shyness) and a treatment method emphasizing guidance for parents. In addition to discussing case histories, diagnoses, and treatment plans, they draw theoretical and practical conclusions.

The authors recommend that clinicians attend to temperamental as well as environmental and psychodynamic influences in helping a child and his parents. They maintain that mothers who are aware of the influence of temperament and know that pathology in the mother is not the only cause of disturbed behavior in her child will be less likely to develop feelings of guilt and inadequacy. They express a conviction that the difficulties of child raising can be lightened if the average mother can approach the responsibility by recognizing "her child's specific qualities of individuality" and can adopt those practices that are most appropriate to the child's qualities.

IN THE JOURNALS

Care of dying children

"In the care of young patients with life-threatening illness, physicians have to treat not only the physical disease, but also the symptoms arising from the anticipation of and the preparation for death," says William M. Easson, M.D., in an article in the July 22, 1968, issue of *JAMA*, the journal of the American Medical Association. ("Care of the Young Patient Who Is Dying.") He points out that the family begins the mourning process when it becomes obvious that the patient is dying and that the loneliness of the dying person may be accentuated because the family and the treatment staff have isolated the patient before he is actually dead.

When a young child is dying, Dr. Easson says, the physician must provide the greatest support not to the child, who is too young to fear death, but to the parents, family, and treatment staff. He discusses the open anger and sense of guilt that some members of the patient's family feel toward the dying child and toward the physician.

Frequently the most difficult problem in the management of the dying patient is with the treatment staff, the author reports, because the dying child arouses "so many difficult feelings" in the people who care for him. The physician must appreciate and learn to manage his own normal reactions to death, he asserts.

Child abuse

"If we are to spare children from death or permanent injury and have a chance to stabilize the family, intervention . . . at the earliest moment of *suspected* abuse is essential," said the late Cyril H. Winking, then the director of the Illinois Department of Children and Family Services, in a speech to the American Public Welfare Association's 1967 National Round Table Conference published in the July 1968 issue of the quarterly, *Public Welfare*. ("Coping with Child Abuse: One State's Experience.") He reported some results of Illinois' Abused Child Law of 1965, requiring physicians, surgeons, dentists, other practitioners, and hospitals to file reports with the Department of Children and Family Services of suspected abuse of any person under 16 years of age. He pointed out that more than 1,100 cases of child abuse were reported to the department in the 29 months after the law took effect.

Mr. Winking listed four roadblocks to the implementation of abused child legislation—staff shortages, lack of sufficient skill in dealing with the "sick" abuser, scarcity of temporary care and treatment resources, and the widening gap between social agencies and law enforcement agencies.

Broken appointments

Failure to complete high school, an urban childhood home, and poor marital relations were characteristics of mothers who during a 10-year period had frequently broken medical appointments for their children at a free clinic in Baltimore, Md., according to a study team headed by Oscar C. Stine, M.D., of the University of Maryland Medical School, reporting in the July–August 1968 issue of *Medical Care*. ("Broken Appointments at a Comprehensive Clinic for Children.")

The investigators looked into the relation between the frequency of broken appointments and certain social characteristics of 203 Negro mothers from a low-income area who were registered at a neighborhood maternal and child health clinic of the Johns Hopkins School of Hygiene and Public Health for at least 2 years during the study period. All the families at the time they registered at the clinic had both parents living in the home.

When broken appointments were compared with mother's education, father's social activities, mother's rural or urban origin, her attitude toward her husband, and her reaction toward misbehavior of the children, the team found that a given characteristic had different effects under different circumstances. For example, families with more than average social activity of the father and better education of the mother had the lowest rate of broken appointments, while those with more social activity of the father and less education of the mother had the highest rate.

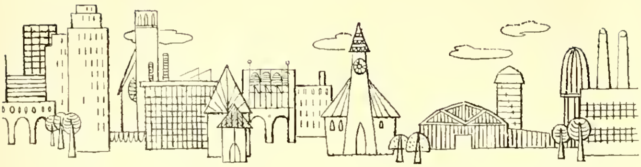
The team found the completion of high school to be the social characteristic most often associated with keeping medical appointments. In regard to the unexpected finding that mothers of rural origin had better records than those who grew up in urban areas, the team suggests that an urban childhood may promote less organized patterns of behavior than rural.

Retarded adolescents

The first phase of a project to modify socially unacceptable behavior in mildly retarded adolescents at the Austin (Tex.) State School has increased the rate at which the institutions' residents are being returned to the community, Philip Roos, former superintendent at the school, reports in the August 1968 issue of *Mental Retardation*. ("Initiating Socialization Programs for Socially Inept Adolescents.") The author, who served as first director for the project, points out that 61 young people were discharged from the units involved in the project during its first 2 years in comparison with 35 discharged from the same units in the 2 previous years.

The project was developed to deal with the following causes of unacceptable behavior: (1) cognitive deficits, such as ignorance, lack of sensitivity, failure to benefit from experience; (2) a traumatic interpersonal history including such factors as rejection, failure, low self-esteem retaliatory hostility, and regression to childish behavior; and (3) conflicts between what is acceptable to society and what is acceptable to the subculture of the individual. It uses group and individual counseling, psychotherapy, small group discussions, role playing, field trips, summer camp, prevocational training, and development of avenues for understanding and modifying communities to which the children will return. The project staff served as consultants to the regular ward attendants who remained responsible to the director of cottage life.

HERE and THERE



Nutrition

Evidence accumulated in a study of nutritional status of preschool children in Mississippi in the winter of 1967–68 suggests that poor children may regularly receive less than adequate diet, particularly with respect to calories, calcium, and vitamin C. While protein intake was, with few exceptions, found to be generous, the study director points out that in some cases protein is probably serving as an energy source. However, the study found no overt evidence of malnutrition.

The study of 585 Mississippi children selected at random from a 17-county area was undertaken as a pilot study for a nationwide study of the nutritional status of preschool children now being undertaken for the Children's Bureau. It was conducted by George M. Owen, M.D., associate professor of pediatrics at Ohio State University in cooperation with the Mississippi State Board of Health and the University of Mississippi Medical Center. Dr. Owen is also conducting the nationwide study, which got underway this fall.

In the Mississippi study, interviewers visited the homes of the 585 children for 3 successive days to obtain socioeconomic information and learn what food the children had consumed during the 3-day period. About a week after the home visits, medical and laboratory examinations were performed on 504 of the children by physicians who had no knowledge of the social or dietary information obtained on the child being examined. The children included both Caucasians and Negroes and came from both urban and rural areas and from families with per capita incomes of less than $500 to more than $1,500 a year.

The findings showed that in general the greater the per capita income of the child's family the greater his intake of calories, calcium, protein, and vitamin C. Among the 210 children in the lowest income group—under $500 per year per capita—44 percent were classified as low in calorie intake, 38 percent as low in calcium intake, 6 percent as low in protein intake, and 30 percent as low in intake of vitamin C. Among the 135 children in the highest income group—$1,500 or more per capita—16 percent were low in calorie intake, 10 percent in calcium intake, 1 percent in protein intake, and 6 percent in intake of vitamin C.

Analysis of the results of the laboratory examinations showed that, with the exception of thiamine, the children from the lowest income group had a higher proportion of "low" values than the children from the highest income group. This was particularly so for hemoglobin (24 percent of the lowest income group with "low" values as against 6 percent of the highest income group); vitamin C (20 percent and 10 percent); and vitamin B_2 (35 percent and 5 percent). Dr. Owen points out that the finding that some children in the highest income group suffered from nutritional deficiencies indicates that nutritional inadequacy is related not only to income but also to dietary habits and food preparation.

No appreciable differences between urban and rural children were found.

Family planning

On July 16, President Johnson appointed a committee to review Federal policies and programs on population and family planning in relation to worldwide and U.S. needs and to prepare an estimate of the cost of a 5-year program of research, training, and service. The President named 18 persons from inside and outside the Government as members of the committee, with Wilbur J. Cohen, Secretary of the Department of Health, Education, and Welfare as chairman and John D. Rockefeller, III, as cochairman.

The committee report is due in mid-November. Four panels are exploring (1) population change and ways of communicating information, including pertinent information on family planning, to the rising generation, (2) the Federal role in research and training, (3) the responsibility of the Federal Government in seeing that all persons have access to information and services about family planning, and (4) actions the United States might take in concert with other countries to understand and deal effectively with high rates of population growth.

Smoking and health

"As a matter of public policy, it seems reasonable to ask that cigarettes not be advertised in a way that reaches large numbers of children and young people," the Task Force on Smoking and Health reported to the Surgeon General of the Public Health Service, August 16, after a 10-month study of the hazards of cigarette smoking to health. The Task Force, an 11-member group of representatives of education, medicine, the behavioral sciences, and other fields, was appointed by the Surgeon General in November 1967; Daniel Horn, director of the National Clearinghouse for Smoking and Health of the Public Health Service, served as chairman.

Advertising is one of five "priority" areas in which the 11-member Task Force recommended more vigorous action by the Federal Government, State governments, private agencies, and individuals to influence people's attitudes and behavior with regard to smoking. Other priority areas recommended by the Task Force for preventing or reducing smoking were education of young people, the use by health professionals of their influence on their clientele, the use of group approaches, and the development of less noxious cigarettes and ways of smoking.

To counteract the promotion of a product that can harm its consumers, the Task Force recommended a full-scale program on smoking and health by the Advertising Council or the Public Health Service working with an advertising agency.

The report also called for an assessment of the influence of advertising on smoking behavior and of the effectiveness of warnings that are broadcast on the hazards of smoking.

In regard to educating young people to refrain from cigarette smoking, the report urged that students have an opportunity to learn about the health consequences of smoking in science, social science, health, and other classes. It recommended that the Department of Health, Education, and Welfare provide financial support to train classroom teachers, develop curricula, and prepare materials on the hazards of smoking; the establishment of a cooperative project using physicians to reach young people with information about the health consequences of smoking; and continuing research on the effectiveness of preventive education.

Among other recommendations were the publication on packages and in advertising of tar and nicotine content of cigarettes, lower insurance rates for nonsmokers, the establishment of a coordinated Federal Council on Smoking and Health, larger budgets for the National Interagency Council on Smoking and Health and the Public Health Service's health education programs.

The Task Force emphasized that the cessation of smoking is, at present, the only protection against cigarette-related disease.

A Class For Adoptive Parents

"I didn't realize that there is so much to bathing a baby," a prospective adoptive father attending a session on infant care for adoptive parents told his wife as they practiced with a life-size baby doll as in this picture. The session was one of three in a series sponsored by the Lutheran Family and Children's Services of St. Louis, Mo. Now a regular part of the agency's preplacement adoption service, the series was instituted in 1967 at the request of adoptive mothers who said they felt uncomfortable in classes for natural parents.

The teacher, a registered nurse, gives practical hints to help prepare the couples for baby care. With a 3-month-old girl, she demonstrates how to bathe, diaper, dress, feed, and care for babies. The couples also learn about food, clothing, and equipment needs, normal growth, vaccinations, and health care of young children.

Youth conference

The tendency for young people today to insist on having a say in the affairs that affect their lives was clearly apparent at a conference of 300 persons convened in Washington, D.C., August 11–14, under the auspices of the National Committee for Children and Youth to discuss ways of making more viable six American institutions: family, church, school, employment, the community, and government. The participants represented, or were selected by, the NCCY, State committees on children and youth, Federal, State, and local public agencies, and national voluntary youth-serving organizations and their local affiliates.

The 200 youth participants included young people from 16 to 22 from various economic and racial backgrounds. Expressing a variety of viewpoints on nearly every subject mentioned, they seemed unanimous only in the opinion that young people need opportunities to influence the decisions that affect them.

"Youth recorders" and "adult participant observers" reported separately on the group discussions at the final plenary session. According to the latter, the discussions indicated that the much publicized "generation gap" is no wider than usual.

Among the recommendations in the young people's reports (admittedly not always representing a group concensus) were the following in regard to—

- *The family:* changes in the welfare system to preserve human dignity; provision of information on family planning and sex education in elementary and secondary schools; liberalization of abortion laws; expansion and improvement of day care centers; examination of the pros and cons of premarital living together as an alternative to early marriage.
- *The church:* comparative religious courses in all schools; the establishment of interfaith councils to work on human problems, especially in the urban ghettos and suburbs, for "people in the suburbs are culturally deprived in their own way."
- *The schools:* elimination of the grading system; courses in minority group history; effective channels of communication between schools and community; a national student lobby.
- *Employment:* government-guaranteed loans or tax incentives to employers to create more job opportunities for hard-core unemployed and underemployed; Federal aid to students; a Federal program to absorb the unemployed; elimination of discrimination in employment; liberalization of child labor laws to eliminate barriers to youth employment.
- *The community:* creation of a national council of youth; the appointment of youth councils as advisors to decision-making bodies and of youth *ombudsmen;* voting power for young people on planning bodies of youth-serving organizations; efforts toward greater integration of the races, with respect for "the right to be different"; dissemination of information on the contribution of minority groups to com-

munity life; school-based community forums for social change.

- *Government:* a reduction of the voting age to 18; substitution of a voluntary enlistment or a lottery for the draft; a period of compulsory service to society for *all* young people, including both sexes; revision of the seniority system in Congress to allow younger members greater participation in decision-making; involvement of a large proportion of young people in all aspects of the 1970 White House Conference, including the staff, and provision of financial assistance to defray their expenses.

Some young participants criticized the conference itself for a "reluctance to face controversy" and for its method of selecting youth participants. At the reporting session, a resolution against racism and the war in Vietnam was presented by representatives of an ad hoc committee formed spontaneously the night before by a group of young people, who later collected numerous signatures in its support.

A paper on the implications of the conference for the 1970 White House Conference, prepared by two youth participants, suggested that future conferences include young people who are not associated with any formal club, organization, or institution and recognize the "excellent leadership potential" of youth in urban street gangs.

In the closing conference address, Joseph H. Douglass, director of the 1970 White House Conference on Children and Youth, said that "participation in the world is the most productive task that youth can undertake."

Mental retardation

The Johns Hopkins Perceptual Test, a test for basic intelligence developed at the Children's Psychiatric Service of Johns Hopkins Hospital in Baltimore, Md., has shown evidence of being useful in large-scale screening of preschool children for mental retardation and in individual testing of children whose intelligence is difficult to measure by other means, according to the findings of a 2-year investigation begun in December 1965 with support from the Children's Bureau. The test was developed under the direction of a psychologist, Leon A. Rosenberg, of the Johns Hopkins University Medical School.

Known as the JHPT, the test involves a child's response to cards placed on a black photograph with a white background, or on a three-dimensional black plastic model that the child can feel as well as look at. Equipment is built into portable cases that are easily set up in hospital rooms, clinics, or schools. The JHPT can be applied to any bedridden child who can be propped up to a 45-degree angle and who can move one hand.

When the JHPT was applied to normal children, the results correlated well with those of other standard intelligence tests, such as the Peabody Picture Vocabulary Test, Columbia Mental Maturity Scale, Leiter International Scale, Stanford-Binet, and Draw-A-Person. It was also found to have a high reliability in retests and to be easily applied by a nonprofessional after a brief training period.

When the JHPT was applied to groups of handicapped children of normal intelligence and nonhandicapped children of normal intelligence of the same age, no significant differences appeared in the results. Among the groups tested were children with severe hearing loss, central nervous system dysfunction, and social-cultural handicaps. In applying the test to children regarded as mentally retarded, a number were identified who had been misdiagnosed because of hearing loss or limited vocabulary and who in further psychological testing showed normal intellectual ability.

Preliminary results of tests in Guatemala and Nigeria indicate that even a change in language does not affect the value of the JHPT as a screening tool for intelligence, according to Dr. Rosenberg.

The JHPT scores of 1,400 children tested in various schools and pediatric clinics in Baltimore, plus demographic data and results of other psychological tests, have been catalogued for future analysis.

The project is continuing studies that will apply the JHPT to children with head injuries, children who have been tutored at age 2, rural preschool children from an area of poverty, and first-grade children in an urban, racially integrated school.

. . .

Citing the harmful effects of improper placement in classes for the mentally retarded on children of "normal" intelligence whose native language is not English, the Southern Arizona Chapter of the National Association of Social Workers has called for serious reexamination of the definitions of mental retardation. In a statement adopted in April 1968, the chapter maintained that frequently children from homes where Spanish or an American Indian language is spoken are classed as mentally retarded because they have scored far below average on verbal portions of psychological tests. It suggested action by State departments of education and local school districts—through bilingual testing, careful retesting, and meaningful supervision—to prevent the misplacement of children in mentally retarded classes because of language barriers.

Child development

A National Advisory Committee on Dyslexia and Related Reading Disorders, composed of 18 physicians, psychologists, and educators, was appointed by the Secretary of Health, Education, and Welfare, August 23, to examine in detail the disorders that affect the ability to learn how to read, and to make recommendations for a national program to meet the needs of children and adults with reading problems. President Arleigh B. Templeton of Sam Houston State College, Huntsville, Tex., is the committee chairman.

The committee was directed to report on research, diagnosis and evaluation, teacher preparation, and corrective education in the area of dyslexia and related reading disorders.

. . .

More than 750 people from approximately 38 countries attended the 12th World Assembly of the Organisation Mondiale pour l'Education Préscolaire (World Organization for Preschool Education—OMEP) which met in Washington, D.C., July 31–August 7, 1968. OMEP was established 20 years ago to awaken governments, organizations, and parents to the importance of early childhood education to child development. The participants included members of the various professional disciplines interested in children.

In line with the Assembly theme, "The Rights of the Child—The Realization of His Potential," the focus of attention of the major papers, the group discussions, and the interchange among individual participants was on the whole child and how to provide the atmosphere at home, in school, and in the community to make it possible for him to be free and creative and to maximize his capacities. While the conference revealed many different cultural patterns for helping children, it also revealed a growing recognition around the world of the importance to child development of the quality of the child's experience in his preschool years.

Some points made at the conference were:

- Research in the whole field of early childhood education needs to be stepped up as a basis for learning what will produce healthier and happier families and healthier and happier nations.
- An appropriate emotional atmosphere and relationships that release children to seek and find learning are far more important than methods of imparting knowledge.
- Because too much pressure on a child to learn early in life can be harmful, governments should adopt laws governing preschool education.
- The development of creative powers demands an emphasis on individuality rather than on likeness.

In summarizing what she feels the goals and values of OMEP are after 6 years as world president, Åse Gruda Skard of Norway said that the organization seeks to ameliorate the educational treatment of small children; create friendship among people of all nations; exchange information; establish laws and change institutions. She said there is a common need for knowledge on how much to direct children; how much to leave them alone; how much to inspire and how much to demand of them.

The new world president, Gaston Mialaret of France, said that his efforts will be to reduce the distance between ideals and achievements in serving young children. Even in good educational environments, he asserted, only the surface of the child's creative power is being touched.

Plans were announced for an impending semi-annual journal to be published by OMEP as a medium for exchanging information and ideas.

READERS' EXCHANGE

CLASS: *The real purpose*

The concept of licensing as a preventive child welfare service, propounded by Mr. Class, is long overdue and should be reinforced by all of us. ["Licensing for Child Care," CHILDREN, September–October 1968.]

It is essential for the licenser to enforce legally stipulated minimum standards; this primary function Mr. Class appropriately describes as supervision. However, he wisely puts the emphasis on *consultation* through which a real partnership develops between the licenser and licensee with the common goal of improving agency programs beyond the legal requirements. I wish to underscore in the strongest possible manner Mr. Class's thesis that consultation, although legally secondary, is the most constructive aspect of licensing. This principle of consultation should be established philosophically, legally, and functionally. Although we licensees should understand, accept, and promote this philosophy, the licensers must accept responsibility for legal and administrative action.

Mutual attitudes and understanding will also have to be overhauled if current "scuttlebutt" has any validity. From this source it appears that in too many instances licensees and licensers are not partners working together for the best interests of children, but are mutually suspicious antagonists struggling to maintain their personal or professional point of view. In some parts of the country the relationship between licensers and licensees is apparently characterized by suspicion, distrust, and lack of confidence. In some instances the licensers appear to approach their duties with preconvictions that "something must be wrong and I'm going to find it." On the other hand, we licensees are hardly universally blameless. We sometimes greet the agent with a "freeze out" implying "our house is in order, and if it isn't, it's none of your business."

As Mr. Class says, "only through supervision and consultation can licensing become a dynamic preventive welfare program." I would strongly urge that all licensers adopt Mr. Class's principle and that they send "teachers" rather than investigators on the licensing beat. Most licensees will eventually respond to this kind of approach and support in improving their services.

Although Colorado, my own State, has no provision for consultation as described by Mr. Class, my critical comments do not apply to our agency's experience with the licenser here in Colorado.

Melvin Philbrick
Executive Director, Denver Children's Home, Denver, Colo.

Focus on prevention

The article by Norris E. Class proved again that Mr. Class is a leader among the thinkers in the field of child care licensing.

As his article points out, licensing child care facilities has traditionally been considered a service to protect children who need care away from home from hazardous facilities and programs. In practice, it has been a regulatory medium through which certain persons, groups, or organizations are authorized to establish and maintain services, because they can meet prescribed requirements, and, conversely, through which operations that do not meet the requirements are disallowed. Protection of any user, child or family, has therefore been the *raison d'etre* of licensing.

I am sure that Mr. Class, in spite of promoting the idea of prevention as the primary objective of licensing, does not negate the value of this kind of protection of children from the many risks found, even today, in some foster homes, and in many institutions, day care centers, and other group facilities.

What seemed to me important in the article was its highlighting of many components of the licensing function that are too often forgotten. Even more elaboration might be made regarding such needs as: validation of the requirements for issuance of a license; setting goals to achieve standards beyond minimum essentials; constructive use of consultation; public education as to the significance of licensing; continuous updating of requirements; responsible use of the authority vested in the licensing program; and supervision that enables an operator to achieve standards rather than the kind that merely harasses him.

In the long run, however, licensing will not achieve its purposes, nor reach the professional status it properly deserves, nor be appropriately structured, until it is thought of—by the governmental unit responsible for licensing, by the affected licensees, by the users of the facilities, and by the community as a whole—as a positive force for promoting the kind of services that best assure the proper growth and development of the children who need care away from home.

Roman L. Haremski
Deputy Director, Department of Children and Family Services
Springfield, Ill.

Dampened enthusiasm

Although I was greatly interested in Norris E. Class's article, my enthusiasm for his point of view has been dampened by 20 years of unsuccessful experience in attempting to get an adequate licensing law passed in the State of Ohio.

We have come to recognize that our failure is due in large part to our inability to light a fire with the concept of the prevention of social ills. Sadly, the Ohio State Department of Public Welfare is no more stirred by the possibilities of prevention than is the general public. Perhaps Ohio is particularly lacking in vision. A rich State, it nonetheless provides only inadequate grants for its program of aid to families with dependent children.

I have come to the conclusion that the concept of prevention has little general appeal. It is only when the danger is felt personally that prevention seems worthwhile. Furthermore the measures need to be either simple or relatively undisturbing. Safeguards against polio were easy to get the public to accept. In spite of the fact that more people are killed or maimed by gunshots than were ever crippled by or died of polio even in bad epidemic years, it seems to be very difficult to pass satisfactory gun control measures.

This being the case, how can we arouse enthusiasm for the prevention of social ills by licensing day care services? The social ills are apt to seem only vaguely connected with what happens in unsatisfactory day care. The expense of implementation and the possibility of interfering with somebody's business or private enterprise seem to loom as greater dangers here. How do we convince even the welfare department that there is an urgent task to be done?

Perhaps Ohio is singularly apathetic and lacking in vision. Mr. Class's points are well taken but can he suggest to us what we should do?

Eleanor M. Hosley
Executive Director, The Day Nursery Association of Cleveland
Cleveland, Ohio

Hard questions

Norris E. Class's analysis of the licensing of child-care facilities as a preventive service should cause welfare administrators and social workers to reappraise this important function.

Mr. Class illuminates the confusion between licensing as a program to prevent misfortune from befalling children generally and child protective service as a program for treating individual children and families.

In addition to the historical factors which have contributed to this confusion, there are also more current factors which may cause resistance to Mr. Class's theoretical position and tend to perpetuate the neglect of licensing as a preventive service. For example, in present day licensing practice, the worker frequently cannot legally act in advance of the arrival of the child, and so only learns of the existence of an unlicensed and marginal facility after children have been taken into care. Also, because of the lack of other "places" for children, the licensing worker often feels compelled to allow the child to remain in a questionable situation and to incorporate into his licensing practice many aspects of a protective service.

Another factor which may cause resistance to Mr. Class's analysis is that persons who supervise licensing and inservice training programs usually have been trained in the casework method so that there is considerable emphasis upon the individual in distress built into their expectation of licensing tasks. Community organization as an appropriate method in child welfare still tends to be neglected in professional education and agency staff development programs; as a result, staff members of a licensing program feel less competent in this method than in the casework method and less interested in its use. Highest status still attaches most often to staff members who are treatment oriented and who deal daily with individual crises and pathology. Thus a licensing staff may find it difficult to look at its program objectively and analytically, and to see it as different from, although complementary to, protective services and placement programs.

If these kinds of factors retard readiness to change licensing practice into a truly preventive service (and there are other factors, such as the reluctance by social workers to use the authority of law), then one wonders what social workers are ready to do as they talk about the importance of "preventive services." Is this only a fashionable label which we wish to attach to our existing treatment and rehabilitation programs? Or will we face hard questions of definitions and theoretical differences in program approaches and goals and make the necessary changes in administrative focus to assure maximum gains for children from each program?

Lela B. Costin
Associate Professor, The Jane Addams Graduate School of Social Work
University of Illinois, Urbana

---

photo credits

Frontispiece, James Foote, New York.

Page 212, Ann Zane Shanks, for the Children's Bureau.

Page 245, Ethel Schulz, Lutheran Family and Children's Services, St. Louis, Mo.

U.S. Government Publications

Publications for which prices are quoted are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Orders should be accompanied by payment. Twenty-five percent discount on quantities of 100 or more.

GROUP COUNSELING WITH DELINQUENT YOUTH. Merritt Gilman and Elizabeth Gorlich. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau. CB Publication No. 459. 1968. 38 pp. 30 cents.

Offers guidelines for setting up a group counseling program for delinquents by discussing the composition of groups, the role of the group leader, his training and supervision, the problems he may encounter, recordkeeping, evaluation, and the role and responsibility of the administration.

NARCOTICS: some questions and answers. 6 pp.

LSD: some questions and answers. 7 pp.

MARIHUANA: some questions and answers. 8 pp.

THE UP AND DOWN DRUGS: amphetamines and barbiturates. 7 pp.

Department of Health, Education, and Welfare, Health Services and Mental Health Administration, National Institute of Mental Health. Public Health Service Publications Nos. 1827, 1828, 1829, and 1830, respectively. 1968. 5 cents each. Single copies free from NIMH, Chevy Chase, Md. 20203.

Information on uses and misuses of the specific drugs named in the titles of the folders.

FEDERAL GRANTS FOR TRAINING OF PERSONNEL FOR WORK IN THE FIELD OF CHILD WELFARE. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau. Revised 1968. 19 pp. Single copies free from the Bureau.

Describes the program of grants to institutions of higher learning for teaching, traineeships, and short-term training in the child welfare field administered by the Children's Bureau and the requirements for participation in it.

EDUCATION AND TRAINING FOR CRIMINAL JUSTICE: a directory of programs in universities and agencies (1965–1967). Herman Piven and Abraham Alcabes. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Office of Juvenile Delinquency and Youth Development. JD Publication No. 78. 1968. 126 pp. 70 cents.

Lists over 2,400 academic institutions and service organizations that offer training programs for practice in corrections, law enforcement, and courtwork.

SERVICES FOR CRIPPLED CHILDREN. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau. CB Folder No. 38. 1968. 30 pp. 15 cents.

Describes, in question-and-answer form, the Federal program of grants to the States for services to crippled children administered by the Children's Bureau and lists the official crippled children's agencies in the 50 States and other grant-receiving jurisdictions.

SERVICES FOR CHILDREN AND FAMILIES UNDER THE SOCIAL SECURITY ACT, TITLES IV AND V. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau. 1968. 19 pp. Single copies free from the Bureau.

Outlines the Federal grants program to promote the health and welfare of mothers and children authorized by the Social Security Act as amended through 1967.

CHILDREN is published by the Children's Bureau six times a year. Use of funds for printing this publication was approved by the Director of the Bureau of the Budget, November 24, 1967.

NOTE TO AUTHORS: Manuscripts are considered for publication only if they have not been previously published. Speeches from conferences should carry appropriate identification. Opinions of contributors not connected with the Children's Bureau are their own and do not necessarily reflect the views of CHILDREN or of the Children's Bureau.

Communications regarding editorial matters should be addressed to:

CHILDREN
Children's Bureau
U.S. Department of Health, Education, and Welfare
Washington, D.C. 20201

Subscribers should send payment directly to the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

CHILDREN is regularly indexed by the Education Index and the Nursing Literature Index

UNITED STATES GOVERNMENT PRINTING OFFICE, WASHINGTON, D.C. 20402, 1968

For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402
Price 25 cents a copy. Annual subscription price $1.25. 50 cents additional for foreign subscriptions.

UNITED STATES
GOVERNMENT PRINTING OFFICE
DIVISION OF PUBLIC DOCUMENTS
WASHINGTON, D.C. 20402

OFFICIAL BUSINESS

POSTAGE AND FEES PAID
U.S. GOVERNMENT PRINTING OFFICE

children

AN INTERDISCIPLINARY JOURNAL FOR
THE PROFESSIONS SERVING CHILDREN

published 6 times annually by the

U.S. DEPARTMENT
of HEALTH,
EDUCATION,
and WELFARE

Wilbur J. Cohen, *secretary*

SOCIAL AND REHABILITATION SERVICE
Mary E. Switzer, *administrator*

CHILDREN'S BUREAU
P. Frederick DelliQuadri, *chief*

BOSTON PUBLIC LIBRARY
3 9999 06316 301 6